



Republic of the Philippines
Department of Education
REGION XI
SCHOOLS DIVISION OF DAVAO DEL NORTE

PAYMENT REQUEST FOR MATERNITY LEAVE BENEFITS

DIVISION NAME/CODE: _____

STATION NAME: _____
(School for Sec./Dist. for Elem.)

STATION CODE: _____

EMPLOYEE NUMBER: _____

EMPLOYEE NAME: _____

SIGNATURE: _____

PLEASE ATTACH THE FOLLOWING PAPERS:

1. Medical Certificate/CS Form 41
2. Duly accomplished and approved Form 6 (2nd copy)
3. Certificate of Marriage
4. Updated BIR Form 2305 duly stamped received by BIR
5. Approved Form 7/Monthly Report of Services
6. Birth Certificate
7. Reinstatement with Special Order
8. Certification of Non-Payment (if applicable)
9. Form 48 of the inclusive period of leave-signed by the School Head

Position _____ Salary Grade _____
Step Increment _____ Basic Salary _____

Inclusive Period of Leave _____

Specify: ML with full pay _____
ML with half pay _____

Principal/School Head/PSDS
(Name over Signature)

Note: Claimant must have applied for Notice of Changed Name (PSU Form 102) prior to this request (for married claimant)

