

PAYMENT REQUEST FOR MATERNITY LEAVE BENEFITS

DIVISION NAME/CODE: _____

STATION NAME : _____
(School for Sec/District 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)