University of the Philipines

_____
Constituent University

APPLICATION FOR SERVICE RECOGNITION

Name: _____ SG/Step: _____ Unit: _____

Position: _____ Latest Salary/mo: _____

PURPOSE (Please check one only)

☐ ***For Service Recognition Pay***

☐ Copulsory Retirement ☐ Optional Retirement due to severe illness ☐ Others

_____

(please specify severe illness)

☐ ***For Service Recognition Credit***

Period Applied for (Inclusive Dates) _____ No. of days _____

Please specify the prolonged sickness _____

_____ _____

Date Signature of applicant

CERTIFICATION FROM UNIVERSITY HEALTH SERVICE*

This is to certify that the illness as defined by PHILHEALTH is:

☐ Severe ☐ Prolonged Sickness ☐ Not Severe

_____ _____

Date Signature of Physician

**in the absence of a University Health Service, a certification from a government physician will suffice.*

SERVICE RECOGNITION COMPUTATION

(to be filled out by HRDO)

a) Date of Original Appointment/Reappt. _____

b) Date of Separation/Application (for SRCredit) _____

c) **TOTAL NUMBER OF SERVICE CREDIT (yrs)(/365)** _____

d) **LESS: Vacation/Sick Leave WITHOUT PAY (yrs)(/365)**

Period of leave w/o pay: _____

e) NET NUMBER OF SERVICE/YRS CREDIT (c-d) _____

f) x 10 days per year of service 10.000

g) LESS: Service Recognition Credit taken(days) _____

h) Available number of service recognition credit (days) ((e) x (f) - (g)) _____

for service recognition credit

i) approved number of days _____

j) balance after this application (h-i) _____

for service recognition pay

i) x constant factor 0.0481927

j) x latest monthly salary _____

k) SERVICE RECOGNITION PAY (h) x (i) x (j) _____

Computed by:	Certified Correct:
_____	_____
HRDO Date	Chief, HRDO Date
Recommending Approval/Disapproval	Approved/Disapproved
_____	_____
Vice Chancellor for Administration Date	Chancellor Date