



UNIVERSITY OF THE PHILIPPINES MANILA

The Health Sciences Center

NOTICE OF ALLOCATION OF MATERNITY LEAVE

I. FOR FEMALE EMPLOYEE

|  |                    |
|--|--------------------|
| NAME (Last Name, First Name, Name Extension, if any, and Middle Name)  | POSITION           |
| HOME ADDRESS   | AGENCY and ADDRESS |
| CONTACT DETAILS (Phone number and e-mail address)  |                    |
| <p>I am allocating ____ days (7 days max.) of my 105-day maternity leave to Mr./Ms. _____, which benefit is granted under Republic Act No. 11210 or the 105-Day Expanded Maternity Law. Attached is the proof of our relationship.</p> |                    |
| SIGNATURE OVER PRINTED NAME  | DATE               |

II. FOR CHILD'S FATHER/ALTERNATE CAREGIVER

|   |  |
|---|--|
| NAME (Last Name, First Name, Name Extension, if any, and Middle Name)   | POSITION   |
| HOME ADDRESS  | AGENCY / EMPLOYER and ADDRESS  |
| CONTACT DETAILS (Phone number and e-mail address)   |  |
| <p>RELATIONSHIP TO THE FEMALE EMPLOYEE (Please mark the box with "x")</p> <p><input type="checkbox"/> Child's father</p> <p><input type="checkbox"/> Alternate caregiver</p> <p><input type="checkbox"/> Relative within fourth degree of consanguinity (Specify: _____)</p> <p><input type="checkbox"/> Current partner sharing the same household</p> | <p>I accept the allocated ____ days of the 105-day maternity leave from the abovementioned female employee and I/we submit the attached proof of our relationship. It is understood that the allocated maternity leave is for the care of our/her newborn child.</p> |
| SIGNATURE OVER PRINTED NAME   |  |
| DATE  |  |

| PROOF OF RELATIONSHIP<br>(Please mark the box with "x" and attach a photocopy of the document) |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Child's Birth Certificate   | <input type="checkbox"/> Marriage Certificate | <input type="checkbox"/> Barangay Certificate | <input type="checkbox"/> Other bona fide document/s that can prove filial relationship |

III. FOR THE HRMO AND THE HEAD OF OFFICE/AUTHORIZED OFFICIAL

|   |  |
|---|--|
| <p>I certify that Ms. _____ has a maternity leave balance of ____ days. Furthermore, I have reviewed and evaluated the attached supporting document/s and find the herein allocation of maternity leave in order.</p> | <p>APPROVED:</p>   |
| <p>SIGNATURE OVER PRINTED NAME</p> <p>HRMO</p> <p>DATE</p>  | <p>SIGNATURE OVER PRINTED NAME</p> <p>Head of Office/Authorized Official</p> <p>DATE</p> |
| AGENCY, ADDRESS and CONTACT DETAILS   |  |

### Instructions

1. The form shall be used as written notice of the female employee to her agency regarding her allocation of a maximum of seven (7) days from the 105-day expanded maternity leave.
2. The form shall be accomplished in three (3) copies: copy for the female employee; copy for the agency; and copy for the agency/employer of the child's father/alternate caregiver.
3. The form with proof of relationship shall be attached to the Application for Leave (CS Form No. 6) of the female employee.
4. The authorized official shall forward the copy for the agency/employer of the child's father/alternate caregiver.
5. Item I of the form shall be accomplished by the female employee. She shall provide the required personal and agency information, the number of maternity leave days sought to be allocated and the name of the recipient of the allocated leave. She shall affix her signature over printed name with date of signing.
6. Item II of the form shall be accomplished by the child's father/alternate caregiver. He/she shall provide the required personal and agency/employer information and he/she shall affix his/her signature over printed name with date of signing.
7. Item III of the form shall reflect the name of the female employee and her maternity leave balance. This part shall be accomplished and signed by the Human Resource Management Officer (HRMO) in the agency. It is a ministerial duty of the head of office or his/her authorized official to approve said allocation and indicate the date of signing. The agency, thru the HRMO, is responsible to forward a copy of the accomplished form to the agency/employer of the child's father/alternate caregiver.