

Wellness Leave Application Form for COS and JO Personnel

Republic of the Philippines
Department of Education
(CO/RO/SDO)
(Office Address)

APPLICATION FOR WELLNESS LEAVE (WL)
Pursuant to Civil Service Commission (CSC) Memorandum Circular No. 01, s. 2026

Data Privacy Notice: The Department of Education recognizes its responsibility under the Republic Act No. 10173, otherwise known as the Data Privacy Act of 2012, with respect to the data they collect, record, organize, update, use, consolidate or destruct from their personnel. The personnel data obtained from this form is entered and stored within the organization's authorized information and communications system and will only be accessed by authorized personnel. The organization has instituted appropriate technical and physical security measures to ensure the protection of personal data.

Section 1: Employee Information

NAME: _____ (Last Name), (First Name), (Middle Initial)	REGION: _____ SDO: _____ BUREAU/SERVICE/OFFICE/UNIT: _____ NAME OF SCHOOL (If applicable): _____
POSITION/DESIGNATION: _____ DepEd Email Address: _____	Employment Status: <input type="checkbox"/> Contract of Service (COS) Personnel <input type="checkbox"/> Job Order (JO) Personnel

Section 2: Details on Wellness Leave Application

DATE OF FILING: _____ **DURATION OF LEAVE:** _____
(Inclusive Dates and No. of Days)

REASON/PURPOSE:

<input type="checkbox"/> Mental Health Care	<input type="checkbox"/> Physical Wellness Activities
<input type="checkbox"/> General Break from Work	<input type="checkbox"/> Others: _____

Section 3: Details of Action on Application

Certification of WL Credits <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;"></th> <th style="text-align: center;">Wellness Leave</th> </tr> </thead> <tbody> <tr> <td>Total Earned</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Less this Application</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Balance</td> <td style="text-align: center;">_____</td> </tr> </tbody> </table>		Wellness Leave	Total Earned	_____	Less this Application	_____	Balance	_____	Recommendation: <input type="checkbox"/> For Approval <input type="checkbox"/> For disapproval due to: _____ _____
	Wellness Leave								
Total Earned	_____								
Less this Application	_____								
Balance	_____								
_____ <i>Authorized Officer/Processor</i>	_____ <i>Authorized Officer</i>								

Section 4: Approval

Approved for: _____ days with pay

Disapproved due to: _____

Authorized Officer/Official

Note: Please be guided that the authorized signatories for the Application of Wellness Leave, are specified in Annex C of DepEd Order No. 1, s. 2023 (Revised Designation of Undersecretaries and Assistant Secretaries to their Strands and Functional Areas of Responsibilities and Revised Signing Authorities) or any subsequent amendments.

Furthermore, the process for Wellness Leave applications, including its filing, monitoring, and recording, shall follow the same procedures as those for the application for Leave of Absence of regular employees.

