CS Form No. 6a Series of 2020

# 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)				
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.				

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	R and ADDRESS
CONTACT DETAILS (Phone number and e-mail address)			
RELATIONSHIP TO THE FEMALE EMPLOYEE (Please mark the box with "x")	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.		
□Child's father □Alternate caregiver			
Relative within fourth degree of consanguinity (Specify:)			
□Current partner sharing the same household	SIGNATURE OVER	PRINTED NAME	DATE

PROOF OF RELATIONSHIP				
(Please mark the box with "x" and attach a photocopy of the document)				
□ Child's Birth Certificate	Marriage Certificate	Barangay Certificate	Other bona fide document/s that can prove filial relationship	

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

	APPROVED:			
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.				
	SIGNATURE OVER PRINTED NAME			
	Head of Office/Authorized Official			
SIGNATURE OVER PRINTED NAME DATE				
HRMO	DATE			
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.