



Republic of the Philippines  
**Department of Education**  
REGION XI  
SCHOOLS DIVISION OF PANABO CITY

DIVISION MEMORANDUM  
SGOD-2025-0721

To: Assistant Schools Division Superintendent  
Chief of the Schools Governance and Operations Division  
Chief of the Curriculum Implementation Division  
All Concerned

Subject: **RECALL FROM LEAVE FOR ATTENDANCE AT TRAINING**

Date: December 1, 2025

This is to formally inform you that your previously approved leaves have been recalled ensuring your attendance at the scheduled trainings:

1. Mr. Keren T. Luma: Leave on November 26-28, 2025 and December 11, 2025

Your attendance is essential to the success of this initiative and is considered a priority by our division. Kindly make the necessary arrangements to comply with this recall and ensure your availability on the specified dates.

Your cooperation is highly appreciated as we work together to achieve our division goals.

For your information, guidance and appropriate action.

For and in the absence of the Schools Division Superintendent

**JANWARIE E. YAMOTA**  
Chief Education Supervisor, CID  
Officer-In-Charge

RELEASED

DEC 01 2025

RECORDS SECTION, SDO PANABO CITY  
BY

SGOD/ABA/ktl



## SCHOOLS DIVISION OF PANABO CITY

## APPLICATION FOR LEAVE

1. OFFICE/DEPARTMENT <b>SGOD</b>	2. NAME : <b>LUMA, KEREN</b>	(Last)	(First)	(Middle) <b>T.</b>
3. DATE OF FILING <b>November 11, 2025</b>	4. POSITION <b>SUPERVISOR - SGOD</b>	EDUCATION PROGRAM		
		5. SALARY: <b>SG 22</b>		

## 6. DETAILS OF APPLICATION

<p><b>6.A TYPE OF LEAVE TO BE AVAILED OF</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Vacation Leave (Sec. 51, Rule XVI, Omnibus Rules Implementing E.O. No. 292)</li> <li><input checked="" type="checkbox"/> Mandatory/Forced Leave (Sec. 25, Rule XVI, Omnibus Rules Implementing E.O. No. 292)</li> <li><input type="checkbox"/> Sick Leave (Sec. 43, Rule XVI, Omnibus Rules Implementing E.O. No. 292)</li> <li><input type="checkbox"/> Maternity Leave (RA No. 11210 / IRR issued by CSC, DOLE and SSS)</li> <li><input type="checkbox"/> Paternity Leave (RA No. 8187 / CSC MC No. 71, s. 1998, as amended)</li> <li><input type="checkbox"/> Special Privilege Leave (Sec. 21, Rule XVI, Omnibus Rules Implementing E.O. No. 292)</li> <li><input type="checkbox"/> Solo Parent Leave (RA No. 8972 / CSC MC No. 8, s. 2004)</li> <li><input type="checkbox"/> Study Leave (Sec. 68, Rule XVI, Omnibus Rules Implementing E.O. No. 292)</li> <li><input type="checkbox"/> 10-Day VAWC Leave (RA No. 9262 / CSC MC No. 15, s. 2005)</li> <li><input type="checkbox"/> Rehabilitation Privilege (Sec. 55, Rule XVI, Omnibus Rules Implementing E.O. No. 292)</li> <li><input type="checkbox"/> Special Leave Benefits for Women (RA No. 9710 / CSC MC No. 25, s. 2010)</li> <li><input type="checkbox"/> Special Emergency (Calamity) Leave (CSC MC No. 2, s. 2012, as amended)</li> <li><input type="checkbox"/> Adoption Leave (RA No. 8552)</li> </ul> <p><b>Others:</b> _____ _____ _____</p>	<p><b>6.B DETAILS OF LEAVE</b></p> <p><i>In case of Vacation/Special Privilege Leave:</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Within the Philippines _____</li> <li><input type="checkbox"/> Abroad (Specify) _____</li> </ul> <p><i>In case of Sick Leave:</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> In Hospital (Specify Illness) _____</li> <li><input type="checkbox"/> Out Patient (Specify Illness) _____ fever and flu</li> </ul> <p><i>In case of Special Leave Benefits for Women:</i></p> <p>(Specify Illness) _____ _____</p> <p><i>In case of Study Leave:</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Completion of Master's Degree</li> <li><input type="checkbox"/> BAR/Board Examination Review</li> </ul> <p><i>Other purpose:</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Monetization of Leave Credits</li> <li><input type="checkbox"/> Terminal Leave</li> </ul>
<p><b>6.C NUMBER OF WORKING DAYS APPLIED FOR</b></p> <p><b>5 Days</b></p> <p><b>INCLUSIVE DATES</b></p> <p>Nov. 26-28 &amp; Dec. 8-9, 2025</p> <p style="text-align: center; margin-left: 100px;"><i>12/11-12/09/25</i></p>	<p><b>6.D COMMUTATION</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Not Requested</li> <li><input type="checkbox"/> Requested</li> </ul>
<p style="text-align: right;">(Signature of Applicant)</p>	

## 7. DETAILS OF ACTION ON APPLICATION

7.A CERTIFICATION OF LEAVE CREDITS		
As of <u>10/31/25</u>		
	Vacation Leave	Sick Leave
Total Earned	<u>11. 450</u>	<u>7. 645</u>
Less this application	<u>1. 450</u>	<u>7. 645</u>
Balance	<u>10. 000</u>	<u>0. 000</u>

*[Handwritten signature over the table]*

7.B RECOMMENDATION

For approval

For disapproval due to \_\_\_\_\_

*[Handwritten signature over the recommendation section]*

**AILENE B. ANONUEVO PhD**  
Immediate Supervisor

7.C APPROVED FOR:	7.D DISAPPROVED DUE TO:
<input checked="" type="checkbox"/> 5 days with pay <input type="checkbox"/> days without pay <input type="checkbox"/> others (Specify) _____	_____



**Republic of the Philippines**  
**Department of Education**  
**REGION XI**  
**SCHOOLS DIVISION OF PANABO CITY**

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

NAME	KEREN T. LUMA
Position / Designation	Education Program Supervisor
Permanent Station	SGOD-SDO, Panabo City Division
Purpose of Travel (must be supported by attachments)	Attendance to the conduct of regional training workshop on schools and divisions
Host of Activity	Panabo City SDO
Inclusive Dates	November 28, 2025
Destination	Big 8 Hotel, Davao City
Fund Source	Region

I hereby attest that the information in this form and in the supporting documents hereto attached are true and correct.

  
**KEREN T. LUMA PhD.**

Name and Signature of Requesting Employee

Date

*This is to certify that the trip of the requesting employee satisfies all minimum conditions for authorized official travel and that alternatives to travel are insufficient for the purpose stated herein.*

  
**AILENE B. ANONUEVO PhD**

Chief Education Supervisor

Date

**APPROVED**

  
**JINKY B. FIRMAN PhD, CESO VI**  
 Schools Division Superintendent

Date:



**Republic of the Philippines**  
**Department of Education**  
**REGION XI**  
**SCHOOLS DIVISION OF PANABO CITY**

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

NAME	KEREN T. LUMA
Position / Designation	Education Program Supervisor
Permanent Station	Panabo City Division - SGOD
Purpose of Travel (must be supported by attachments)	Attendance to the CapDev on School Titling
Host of Activity	Davao Del Norte
Inclusive Dates	November 26-28, 2025
Destination	Emilia Oises of Faith Resort, IGACOS
Fund Source	Division MOOE as Local Funds

I hereby attest that the information in this form and in the supporting documents hereto attached are true and correct.

KEREN T. LUMA PhD

Name and Signature of Requesting Employee

Date

This is to certify that the trip of the requesting employee satisfies all minimum conditions for authorized official travel and that alternatives to travel are insufficient for the purpose stated herein.

AILENE B. ANONUEVO, PhD

Chief Education Supervisor

Date

APPROVED

JINKY B. FIRMAN PhD, CESO VI  
 Schools Division Superintendent

Date: