



Republic of the Philippines  
**Department of Education**  
REGION X – NORTHERN MINDANAO  
SCHOOLS DIVISION OF EL SALVADOR CITY

04 May 2021

DIVISION MEMORANDUM  
No. 150, s. 2021

**NOTICE OF ALLOCATION OF MATERNITY LEAVE**

To: **Asst. Schools Division Superintendent**  
**Chief CID, SGOD**  
**PSDS, Education Program Supervisors**  
**All Public Elementary & Secondary School Heads**  
**All Others Concerned**  
This Division

1. As per RA 11210, the female worker shall **notify her employer** of her option to allocate with her application for maternity leave. The father or alternate caregiver, as the case may be, shall notify the employer concerned of his or her availment of the allocated leave and inclusive dates therefor.
2. This is in consonance with Section 1, Rule VIII of the Implementing Rules and Regulations (IRR) of Republic Act (RA) No. 11210, otherwise known as the 105-Day Expanded Maternity Leave Law, which provides that a female worker entitled to maternity leave benefits may, at her option, **allocate up to seven (7) days of said benefits to the child's father**, whether or not the same is married to the female worker. The allocated benefit granted to the child's father under this law is *over and above* that which is provided under Republic Act No. 8187, or the "Paternity Leave Act of 1996."

In case of death, absence, or incapacity of the child's father, the female worker **may allocate to an alternate caregiver** who may be any of the following, upon the election of the mother taking into account the best interests of the child:

- a. A relative within the fourth degree of consanguinity; or
- b. The current partner, regardless of sexual orientation or gender identity, of the female worker sharing the same household.

The option to allocate maternity leave credits shall not be applicable in case the female worker suffers miscarriage or emergency termination of pregnancy.

OSDS/AMA



Address: Zone 3, Poblacion, El Salvador City | Tel. No. (088) 555-0475  
Website: [www.depedelsalvadorcity.net](http://www.depedelsalvadorcity.net) | Email: [elsalvador.city@deped.gov.ph](mailto:elsalvador.city@deped.gov.ph)



Republic of the Philippines  
**Department of Education**  
REGION X – NORTHERN MINDANAO  
SCHOOLS DIVISION OF EL SALVADOR CITY

- For this purpose, the Civil Service Commission (CSC) has released CS Form No. 6a series of 2020 - *Notice of Allocation of Maternity Leave*. This shall be submitted by the female employee, together with her application for maternity leave, **at least thirty (30) days from the effective date** of her maternity leave. The father or alternate caregiver, who is allocated with the maternity leave credits by the female employee, shall notify his/her employer as soon as he/she has secured a copy of the notice of allocation approved by the female employee's agency head. The allocated maternity leave may be enjoyed by the child's father or alternate caregiver either in a *continuous or in an intermittent manner not later than the period of the maternity leave availed of*.

*Sample illustration:*

Female Employee allocates 7 days to child's father or alternate caregiver

Total days for maternity leave: 105 days – 7 days = **98 days**

Period of Maternity Leave: **June 16 to September 21, 2021**

Date application for leave and notice of allocation of maternity leave should be filed and submitted to employer: **on or before May 15, 2021**

Period the child's father or alternate caregiver may avail the allocated maternity leave: **until September 21, 2021 only** (in continuous or intermittent manner)

- A copy of the form is enclosed herewith. The Personnel Unit shall disseminate the same to all employees via email. It shall be made available as well at the Division website ([www.depedelsalvadorcity.net](http://www.depedelsalvadorcity.net)), under *Downloadable Forms*.
- This Office adheres to the Equal Opportunity Principle (EOP) in all its transactions. Hence, all decisions and actions shall be based solely on guidelines set forth, with no discrimination on the account of age, gender identity, sexual orientation, civil status, disability, religion, ethnicity or political affiliation.

OSDS/AMA



Address: Zone 3, Poblacion, El Salvador City | Tel. No. (088) 555-0475  
Website: [www.depedelsalvadorcity.net](http://www.depedelsalvadorcity.net) | Email: [elsalvador.city@deped.gov.ph](mailto:elsalvador.city@deped.gov.ph)



Republic of the Philippines  
**Department of Education**  
REGION X – NORTHERN MINDANAO  
SCHOOLS DIVISION OF EL SALVADOR CITY

---

6. For information, guidance and compliance.

**OLGA C. ALONSABE**  
Asst. Schools Division Superintendent  
Officer-In-Charge  
Office of the Schools Division Superintendent

To be indicated in the Perpetual Index  
Under the following subjects:

ABSENCES

LEAVE

FORMS

---

OSDS/AMA



Address: Zone 3, Poblacion, El Salvador City | Tel. No. (088) 555-0475  
Website: [www.depedelsalvadorcity.net](http://www.depedelsalvadorcity.net) | Email: [elsavador.city@deped.gov.ph](mailto:elsavador.city@deped.gov.ph)



Republic of the Philippines  
**Department of Education**  
REGION X - NORTHERN MINDANAO  
SCHOOLS DIVISION OF EL SALVADOR CITY

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)	
<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)	
RELATIONSHIP TO THE FEMALE EMPLOYEE (Please mark the box with "x")	<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>
<input type="checkbox"/> Child's father <input type="checkbox"/> Alternate caregiver <input type="checkbox"/> Relative within fourth degree of consanguinity (Specify: _____) <input type="checkbox"/> 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)			
<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>	APPROVED:
ANNA MAE M. ATILLO HRMO	OLGA C. ALONSABE Head of Office/Authorized Official
DATE	DATE
AGENCY, ADDRESS and CONTACT DETAILS DEPARTMENT OF EDUCATION - DIVISION OF EL SALVADOR CITY Zone 3, Poblacion, El Salvador City, Philippines 9017 +63 088 557-5375	



Republic of the Philippines  
**Department of Education**  
REGION X - NORTHERN MINDANAO  
SCHOOLS DIVISION OF EL SALVADOR CITY

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.