



Application For Service Recognition Pay

EmpNo: _____

Name: _____

Unit: _____

SG/Step: _____

Position: _____

Latest Monthly Salary: _____

Purpose

For Service Recognition Pay

COMPULSORY RETIREMENT

Optional Retirement

For Service Recognition Credit

Period Applied for (Inclusive Dates):

No. of Days:

Please specify the prolonged sickness:

_____ Date

_____ Signature of applicant

Certification From University Health Service*

This is to certify that the illness as defined by Philhealth is:

Severe

Prolonged Sickness

Not Severe

_____ Date

_____ Signature of Physician

** in the absence of a University Health Service, a certification from a government physician will suffice.*

Service Recognition Computation

(to be filled out by HRDO)

a) Date of Permanent Appointment _____

b) Date of Separation/Application (for SR Credit) _____

c) **TOTAL NUMBER OF SERVICE CREDIT (days/365)** _____

d) **LESS: Leave WITHOUT PAY (days/365)** _____

Period of leave w/o pay : _____

e) **NET NUMBER OF SERVICE/YRS CREDIT (c-d)** _____

f) x 10 days per year of service _____

g) **LESS: Service Recognition Credit taken (days)** _____

h) **Available number of service recognition credit (days) ((e)x(f)-(g))** _____

for service recognition credit

i) approved number of days _____

j) balance after this application (h-i) _____

for service recognition pay

i) x constant factor (CF 0.0481927 effective 1/22/2016) _____

j) x latest monthly salary (NOSA NBC 562 effective 1/1/2016) _____

k) **SERVICE RECOGNITION PAY (h) x (i) x (j)** _____ **P**

Computed by: _____ **Certified Correct:** _____

Personnel Analyst

Date

DIRECTOR

Date

Approved:

Vice Chancellor for Administration

Chancellor

BUDGET CLEARANCE: