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DepEd MEMORANDUM
No. **126**, s. 2011

**DISSEMINATION OF CIVIL SERVICE COMMISSION (CSC) MEMORANDUM
CIRCULAR NO. 25, S. 2010
Availment of the Special Leave Benefits for Women Under R.A. NO. 9710
(An Act Providing for the Magna Carta of Women)**

To: Undersecretaries
Assistant Secretaries
Bureau Directors
Directors of Services, Centers and Heads of Units
Regional Directors
Schools Division/City Superintendents
Heads, Public Elementary and Secondary Schools
All Others Concerned

1. For the information and guidance of all concerned, enclosed is a copy of Civil Service Commission (CSC) Memorandum Circular No. 25, s. 2010 dated December 1, 2010 entitled "**Availment of the Special Leave Benefits for Women Under R.A. No. 9710 (An Act Providing for the Magna of Women)**," which is self-explanatory.
2. This Memorandum Circular, if properly implemented, will give female teachers/personnel enough courage to undergo surgical operation and prevent further worsening of their condition if it remains unattended. It will also assure that their salaries and leave credits remain unaffected. The said Memorandum Circular is retroactive effective September 15, 2009 or fifteen (15) days after the publication of the Magna Carta of Women. Female teachers/personnel who availed of this kind of leave, and have undergone surgery caused by gynecological disorder, will have their leave credits restored and if without pay, the salaries deducted should be refunded.
3. Immediate dissemination of this Memorandum is desired.



ALBERTO T. MUYOT
Undersecretary
Officer-in-Charge



Encl.:

As stated

Reference:

N o n e

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

BENEFITS
EMPLOYEES
LEGISLATIONS
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SALARY

Madel: Dissemination of CSC No. 25, s. 2010
May 20, 2011



MC No. 25, s. 2010

MEMORANDUM CIRCULAR

- TO :** ALL HEADS OF CONSTITUTIONAL BODIES; DEPARTMENTS; BUREAUS AND AGENCIES OF THE NATIONAL GOVERNMENT; LOCAL GOVERNMENT UNITS; GOVERNMENT-OWNED AND CONTROLLED CORPORATIONS WITH ORIGINAL CHARTER; AND STATE COLLEGES AND UNIVERSITIES
- SUBJECT :** Guidelines on the Availment of the Special Leave Benefits for Women Under R.A. 9710 (An Act Providing for the Magna Carta of Women):

Pursuant to CSC Resolution No. 1000432 dated November 22, 2010, the following Guidelines on the Availment of the Special Leave Benefits for Women Under R.A. 9710 (An Act Providing for the Magna Carta of Women) are hereby prescribed for the guidance of all concerned:

1.0 Purpose

- 1.1 To provide further guidelines on the availment of special leave benefits for qualified female public sector employees who have undergone surgery caused by gynecological disorders¹ pursuant to the provisions and implementing rules and regulations of the Magna Carta of Women.
- 1.2 To ensure uniform interpretation and implementation of the grant of the special leave benefits for women and ensure that the availment of the same ultimately upholds the objectives of the Law.

¹*Gynecological disorders refer to disorders that would require surgical procedures such as, but not limited to dilatation and curettage and those involving female reproductive organs such as the vagina, cervix, uterus, fallopian tubes, ovaries, breast, adnexa and pelvic floor, as certified by a competent physician. For purposes of the Act and these Rules and Regulations, gynecological surgeries shall also include hysterectomy, ovariectomy, and mastectomy. (Item M, Section 7, Rule II of the Implementing Rules and Regulations of RA 7910 Otherwise known as The Magna Carta for Women).*

2.0 Guidelines on Entitlement to the Special Leave Benefits for Women

2.1 Any female public sector employee², regardless of age and civil status, shall be entitled to a special leave of a maximum of two months with full pay based on her gross monthly compensation³, provided she has rendered at least six (6) months aggregate service in any or various government agencies for the last twelve (12) months prior to undergoing surgery for gynecological disorders.

2.1.1 The special leave may be availed for every instance of gynecological disorder requiring surgery for a maximum period of two (2) months per year.

2.2 Generally, availment of the said special leave benefits shall be in accordance with the attached **List of Surgical Operations for Gynecological Disorders**⁴ (Annex A), which reflects, among others, the estimated periods of recuperation from surgery due to the specific gynecological disorder.

2.2.1 The said **List of Surgical Operations for Gynecological Disorders** reflects, among others a classification of the Procedure based on the patient's estimated period of recuperation, defined as follows:

² **"Employee"** refers to public officials in the career and non-career service who are employed in the civil service. Those without an employer-employee relationship such as those on Contracts of Service or Job Orders are not covered by this Guidelines.

³ **"Gross Monthly Compensation"** refers to the monthly basic pay plus mandatory allowances fixed by Law given in support of a public sector employee's monthly cost of living expenses in addition to salaries such as, Personal Economic Relief Allowance (PERA). Said Gross Monthly Compensation shall exclude, however, allowances and other forms of compensation such as RATA and the like that an employee is regularly entitled to by virtue of his/her performance of the functions of his/her position, all in accordance with pertinent rules and regulations of the Department of Budget and Management (DBM).

⁴ Annex A of this Guidelines refers to **The List of Surgical Operations for Gynecological Disorders** formulated by a Technical Working Committee composed of Obstetrician-Gynecologists, Surgeons, and Medical Doctors from the University of the Philippines-Philippine General Hospital (UP-PGH), the Department of Health's (DOH) Quirino Memorial Medical Center, the Philippine Health Insurance Corporation (PhilHealth) with the support of the Philippine Obstetrical and Gynecological Society, Inc (POGS) and the Philippine College of Surgeons (PCS) and the DOH's Dr. Jose Fabella Memorial Hospital. The said List reflects the type of surgical procedure for the gynecological disorder; the disease being addressed by the said surgical procedure; as well as the classification or type of procedure to be undertaken/undertaken based on the patient's estimated period of recuperation (if without concomitant medical problems) as agreed upon in the discussion and inputs of the members of the aforementioned Technical Working Committee.

Classification of the Procedure based on the Patient's Estimated Period of Recuperation If without concomitant medical problems	Description
Minor	Surgical Procedures requiring a maximum period of recuperation of two (2) weeks
Major	Surgical Procedures requiring a minimum period of recuperation of three (3) weeks to a maximum period of two (2) months

2.2.2 Other Surgical Operations for Gynecological Disorders which are not found in Annex A of this Guidelines may be allowed subject to certification of a competent medical authority and submission of other requirements provided under item 3.1 hereof.

2.3 The earned leave credits may be used for preparatory procedures and/or confinement prior to the surgery. Moreover, should the period of recuperation after the surgery exceed two (2) months, the female official/employee may use her earned sick leave credits for the same. If the sick leave credits have been exhausted, the vacation leave credits may be used pursuant to Section 56 of the Omnibus Rules on Leave.

2.4 This special leave benefit is non-cumulative and not convertible to cash.

3.0 Procedure for Availment of the Special Leave Benefits for Women

3.1 The application for the special leave benefit shall be made through the Civil Service Form No. 6 (CS Form 6) signed by the employee and approved by the proper signing authorities.

3.2 The CS Form 6 shall be accompanied by a medical certificate filled out by the proper medical authorities, e.g. the attending

surgeon accompanied by a clinical summary reflecting the gynecological disorder⁵ which shall be addressed or was addressed by the said surgery; the histopathological report; the operative technique used for the surgery; the duration of the surgery including the peri-operative period (period of confinement around surgery); as well as the employee's estimated period of recuperation for the same.

- 3.3 The application for the special leave benefits may be applied for in advance, that is, at least five (5) days prior to the scheduled date of the gynecological surgery that will be undergone by the employee. The rest of the requirements specified in Item 3.2 shall be attached to the medical certificate upon the employee's return to work under Item 3.5 of this Guidelines.

The advance notice for taking such leave would give the proper authorities ample time and means to prevent the disruption of the operations of the work unit during the absence of the employee and to address the exigency of services of the office.

- 3.4 In instances when a qualified female employee undergoes an emergency surgical procedure, the said leave application shall be filed immediately upon the employee's return from such leave, also following the procedure set forth in Item 3.1 and 3.2 of this Guidelines.
- 3.5 Upon the employee's return to work, she shall also present a medical certificate signed by her attending surgeon that she is physically fit to assume the duties of her position.

4.0 Responsibilities of the Agency Head

- 4.1 The agency head shall ensure that the aforecited guidelines are enforced in one's agency as a mechanism in order that female employee's right to proper reproductive health care is ensured.
- 4.2 The agency head shall promote reproductive health care awareness and wellness program for its employees through proactive measure/s such as conduct of annual physical/medical

⁵ Please refer to Annex A, *The List of Surgical Operations for Gynecological Disorders*.

check-up, information campaign on maintaining proper reproductive health care; issuance of health advisories; distribution of educational reading materials and conduct of fora relative to the same.

5.0 Effectivity

These Guidelines shall take effect retroactively starting September 15, 2009 or fifteen (15) days after the publication of the Magna Carta of Women.

Government officials and employees covered in these Guidelines whose periods of surgery and recuperation due to gynecological disorders after the effectivity⁶ of the Magna Carta of Women and before the promulgation of these Guidelines were deducted against their sick or vacation leave credits can have the said leave credits restored and/or appropriate gross compensation paid, as the case may be.


FRANCISCO T. DUQUE III, MD, MSc
Chairman

01 DEC 2010

⁶ RA 9710 was approved on August 14, 2009, published on August 31, 2009 and took effect on September 15, 2009 (15 days after publication). The IRR of RA 7910 was made effective on July 10, 2010 or 15 days after June 25, 2010, the IRR's date of publication.

LIST OF SURGICAL OPERATIONS FOR GYNECOLOGICAL DISORDERS

Vulva, Perineum, and Introitus

Procedure	Disease	Classification*
Incision and drainage of vulvar or perineal abscess/masses	Vulvar or perineal abscess	Minor
Incision and drainage of Bartholin's gland abscess	Bartholin's gland abscess	Minor
Marsupialization of Bartholin's gland cyst	Bartholin's gland cyst	Minor
Lysis of labial adhesions	Labial adhesions	Minor
Biopsy of vulvar or perineal masses	Vulvar warts Vulvar Masses	Minor
Electrocautery of vulvar warts	Vulvar Warts	Minor
Vulvectomy simple; partial or complete	Vulvar Masses	Major
Vulvectomy, radical, partial; <i>w/ unilateral inguofemoral lymphadenectomy</i>	Vulvar carcinoma	Major
<i>w/ bilateral inguofemoral lymphadenectomy</i>		
Vulvectomy, radical, complete; <i>w/ unilateral inguofemoral lymphadenectomy</i>		
<i>w/ bilateral inguofemoral lymphadenectomy</i>	Vulvar carcinoma	Major
Vulvectomy, radical, complete, w/ inguofemoral, iliac, and pelvic lymphadenectomy	Vulvar carcinoma	Major
Partial hymenectomy or revision of hymenal ring	Imperforate hymen	Minor
Hymenotomy, simple incision	Imperforate hymen	Minor
Excision of Bartholin's gland or cyst	Bartholin's gland cyst/abscess	Minor

Vagina

Procedure	Disease	Classification
Biopsy of vaginal mucosa and/or masses	Vaginal warts, vaginal masses	Minor
Colpocleisis (Le Fort type)	Uterine prolapse	Major
Excision of vaginal septum	Transverse vaginal septum	Minor
Excision of vaginal cyst or tumor	Vaginal cyst Vaginal masses	Minor
Insertion of uterine tandems and/or vaginal ovoids for clinical brachytherapy	Cervical or endometrial cancer	Minor
Colporrhaphy, suture of injury of vagina (nonobstetrical)	Trauma	Minor
Colpoperineorrhaphy, suture of injury of vagina and/or perineum (nonobstetrical)	Trauma	Minor
Plastic operation on urethral sphincter, vaginal approach (eg, Kelly urethral plication)	Urethrocele	Minor
Plastic repair of urethrocele	Urethrocele	Minor
Anterior <u>and/or posterior</u> colporrhaphy	Cysto+/-urethrocele	Major
Anterior and/or posterior colporrhaphy, w/ or w/o perineorrhaphy	Rectocele	Major
Combined anteroposterior colporrhaphy;	Cystocele with rectocele	Major
w/ enterocele repair	Pelvic organ prolapse	Major
Repair of enterocele, vaginal approach	Pelvic organ prolapse	Major
Repair of enterocele, abdominal approach	Pelvic organ prolapse	Major
Colpopexy, abdominal approach	Pelvic organ prolapse	Major
Sacrospinous ligament fixation for prolapse of vagina	Pelvic organ prolapse	Major
Prespinous on Iliococcygeal ligament fixation	Pelvic organ prolapse	Major
Paravaginal defect repair (including repair of cystocele, stress urinary incontinence, and/or incomplete vaginal prolapse)	Pelvic organ prolapse	Major
Sling operation for stress incontinence (eg, fascia or synthetic)	Urinary stress incontinence	Major
Burch calposuspension/retropubic urethroprosy	Urinary stress incontinence	Major
Pereyra procedure, including anterior colporrhaphy	Urinary stress incontinence	Major

Procedure	Disease	Classification
Repair of rectovaginal fistula; vaginal or transanal approach	Rectovaginal fistula	Major
abdominal approach	Rectovaginal fistula	Major
abdominal approach, w/ concomitant colostomy	Rectovaginal fistula	Major
Repair of urethrovaginal fistula;	Urethrovaginal fistula	Major
w/ bulbocavernosus transplant		Major
Repair of vesicovaginal fistula; vaginal approach	Vesicovaginal fistula	Major
transvesical and vaginal approach		
Removal of impacted vaginal foreign body under anesthesia	Retained foreign body	Minor
Laparoscopy, surgical, colpopexy (suspension of vaginal apex)	Pelvic organ prolapse	Major
Colposcopy (Vaginoscopy)	Vaginal intraepithelial lesions	Minor
Colposcopy; w/ biopsy(s) of the cervix and/or endocervical curettage	Vaginal and cervical intraepithelial lesions	Minor
Colposcopy; w/ loop electrode excision procedure of the cervix	Cervical intraepithelial lesions	Minor

Cervix

Procedure	Disease	Classification
Cervical Biopsy, single or multiple, or local excision of lesion, w/ or w/o fulguration	Cervical pathology	Minor
Cauterization of cervix; any method	Cervical warts	Minor
Conization of cervix, w/ or w/o fulguration, w/ or w/o dilation and curettage, w/ or w/o repair; cold knife or laser loop electrode excision	Cervical intraepithelial neoplasia	Minor
Trachelectomy (cervicectomy), amputation of cervix	Cervical masses	Major
Excision of cervical stump, abdominal approach; w/ or w/o pelvic floor repair	S/p subtotal hysterectomy	Major
Excision of cervical stump, vaginal approach; w/ anterior and/or posterior repair w/ repair of enterocele	S/p subtotal hysterectomy +/- pelvic organ prolapse	Major

Procedure	Disease	Classification
Trachelorrhaphy, plastic repair of uterine cervix, vaginal approach	Cervical lacerations	Minor
Cerclage of cervix, during pregnancy; vaginal abdominal	Cervical incompetence	Major
Hysterorrhaphy of ruptured uterus	Cervical incompetence	Major

Uterus

Procedure	Disease	Classification
Endometrial sampling (biopsy) w/ or w/o endocervical sampling (biopsy), w/o cervical dilation, any method	Uterine pathologies	Minor
Dilation and curettage	Uterine pathologies	Minor
Vaginal Myomectomy, excision of fibroid tumor of uterus, single or multiple	Uterine pathologies	Minor
Myomectomy, excision of fibroid tumor of uterus, single or multiple ; abdominal approach	Uterine pathologies	Major
Total abdominal hysterectomy (corpus and cervix), w/ or w/o removal of tube(s), w/ or w/o removal ovary(s);	Uterine, ovarian and fallopian pathologies	Major
Supracervical abdominal hysterectomy (subtotal hysterectomy), w/ or w/o removal of tube(s), w/ or w/o removal of ovary(s)	Uterine, ovarian and fallopian tube pathologies	Major
Total abdominal hysterectomy, including partial vaginectomy, w/ para-aortic and pelvic lymph node sampling, w/ or w/o removal of tube(s), w/ or w/o removal removal of ovary(s)	Uterine, ovarian, fallopian tube malignancies	Major
Radical abdominal hysterectomy, w/ bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), w/ or w/o removal of tube(s), w/ or w/o removal of ovary(s)	Uterine, ovarian malignancies	Major

Procedure	Disease	Classification
Pelvic exenteration for gynecologic malignancy, w/ total abdominal hysterectomy or cervicectomy, w/ or w/o removal of tube(s), w/ or w/o removal of ovary(s), w/ removal of bladder and ureteral transplantations, and/or abdominoperineal resection of rectum and colon and colostomy, or any combination thereof	Uterine, ovarian, fallopian tube malignancies	Major
Vaginal hysterectomy;	Pelvic organ prolapse/stress urinary incontinence	Major
w/ removal of tube(s), and/or ovary(s)	Pelvic organ prolapse/stress urinary incontinence	Major
w/ removal of tube(s), and/or ovary(s), w/ repair of enterocele	Pelvic organ prolapse/stress urinary incontinence	Major
w/ colpo-urethrocytopexy (Marshall-Marchetti-Krantz type, Pereyra type, w/ or w/o endoscopic control)	Pelvic organ prolapse/stress urinary incontinence	Major
w/ repair of enterocele	Pelvic organ prolapse/stress urinary incontinence	Major
Vaginal hysterectomy, w/ total or partial colectomy;	Pelvic organ prolapse/stress urinary incontinence	Major
w/ repair of enterocele	Pelvic organ prolapse/stress urinary incontinence	Major
Vaginal hysterectomy, radical (Schauta type operation)	Pelvic organ prolapse with associated cervical cancer	Major
Uterine suspension, w/ or w/o shortening of round ligaments, w/ or w/o shortening of sacrouterine ligaments;	Pelvic organ prolapse	Major
Hysterorrhaphy, repair of ruptured uterus (nonobstetrical)	Non-obstetrical uterine rupture (e.g. trauma)	Major
Hysteroplasty, repair of uterine anomaly (Strassman type)	Mullerian anomalies, eg. Septate uterus	Major
Laparoscopy, surgical, myomectomy, excision; intramural myomas and/ or removal of surface myomas	Uterine pathologies	Major
Laparoscopy surgical, with vaginal hysterectomy; with removal of tube(s) and/ or ovary(s)	Uterine pathologies	Major

Procedure	Disease	Classification
Hysteroscopy, diagnostic	Uterine pathologies	Minor
Hysteroscopy, surgical; with sampling (biopsy) of endometrium and / or polypectomy, with or without D & C	Uterine pathologies	Minor
<i>with lysis of intrauterine adhesions (any method)</i>	Uterine pathologies	Minor
<i>with division or resection of intraterine septum (any method)</i>	Uterine pathologies	Minor
<i>with removal of leiomyomata</i>	Uterine pathologies	Minor
<i>with removal of impacted foreign body</i>	Uterine pathologies	Minor
<i>with endometrial ablation (e.g., endometrial resection, electrosurgical ablation thermoablation)</i>	Uterine pathologies	Minor
<i>with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants</i>	Uterine pathologies	Minor
Laparoscopy, surgical; with lysis of adhesions (salpingolysis)	Fallopian tube pathologies	Minor
<i>with removal of adnexal structures (partial or total oophorectomy and/ or salpingectomy)</i>	Fallopian tube pathologies	Major
<i>with fulguration or excision of lesions of the ovary, pelvic viscera, or peritoneal surface by any method</i>	Fallopian tube pathologies	Minor
<i>with fulguration of oviducts (with or without transection)</i>	Fallopian tube pathologies	Minor
<i>with occlusion of oviducts by device (e.g., band, clip, or Falope ring)</i>	Fallopian tube pathologies	
<i>with fimbrioplasty</i>	Fallopian tube pathologies	Major
<i>with salpingostomy (salpingoneostomy)</i>	Fallopian tube pathologies	Major

Oviduct

Procedure	Disease	Classification
Tubal Reanastomosis	Fallopian tube pathologies	Major
Salpingectomy, complete or partial, unilateral or bilateral	Fallopian tube pathologies	Major
Salpingo-oophorectomy, complete or partial, unilateral or bilateral	Fallopian tube and ovarian pathologies	Major

Procedure	Disease	Classification
Lysis of adhesions (salpingolysis)	Fallopian tube pathologies	Major
Fimbrioplasty	Fallopian tube pathologies	Major
Salpingostomy (salpingoneostomy)	Fallopian tube pathologies	Major
Transcervical introduction of fallopian tube catheter for diagnosis and/or re-establishing patency (any method) w/ or w/o hysterosalpingography	Fallopian tube pathologies	Major

Ovary

Procedure	Disease	Classification
Aspiration of ovarian cyst(s), unilateral or bilateral ; vaginal approach	Ovarian cyst	Minor
Drainage of ovarian abscess; vaginal approach	Tuboovarian abscess	Minor
Ovarian cystectomy, unilateral or bilateral	Benign ovarian cysts (e.g. endometriotic cyst, dermoid cyst, serous cystadenoma, mucinous cystadenoma)	Major
Oophorectomy, partial or total, unilateral or bilateral;	Benign ovarian cysts	Major
<i>for ovarian malignancy, w/ para-aortic and pelvic lymph node biopsies, peritoneal washings, peritoneal biopsies, diaphragmatic assessments, w/ or w/o salpingectomy(s), w/ or w/o peritoneal biopsies, diaphragmatic assessments, w/ or w/o salpingectomy(s), w/ or w/o omentectomy</i>	Ovarian cancer	Major
<i>Resection of ovarian malignancy w/ bilateral salpingo-oophorectomy and omentectomy;</i>	Ovarian cancer	Major
<i>w/ total abdominal hysterectomy, pelvic and limited para-aortic lymphadenectomy</i>	Ovarian cancer	Major
<i>w/ radical dissection for debulking</i>	Ovarian cancer	Major

Procedure	Disease	Classification
Laparotomy, for staging or restaging of ovarian malignancy ("second look"), w/ or w/o omentectomy, peritoneal washing, biopsy of abdominal and pelvic peritoneum, diaphragmatic assessment w/ pelvic and limited para-aortic lymphadenectomy	Ovarian cancer	Major
Ovariolysis	Lysis of Adhesions	Major

Breast Procedures

Procedure	Disease	Classification*
Puncture aspiration of cyst of breast	Simple breast cyst, Fibrocystic change	Minor
Mastotomy w/ exploration or drainage of abscess, deep	Breast abscess/Mastitis	Minor
Biopsy of breast; needle core, fine needle aspiration	Breast mass, benign or malignant	Minor
Excision of lactiferous duct fistula	Intraductal Papilloma	Minor
Excision of cyst, fibroadenoma, or other benign breast masses	Fibroadenoma, Fibrocystic change	Minor
Incision/Excision biopsy	Benign breast masses or breast cancer	Minor
Wide excision	Phyllodes tumor, Ductal carcinoma in-situ, Lobular carcinoma in-situ	Major
Total Mastectomy	Phyllodes tumor, Ductal carcinoma in-situ, Lobular carcinoma in-situ	Major
Mastectomy, subcutaneous	Silicone Mastitis	Major
Radical/Modified Radical Mastectomy	Breast cancer	Major
Lumpectomy/quadrantectomy, axillary node dissection	Breast cancer	Major
Lumpectomy, sentinel node biopsy +/- axillary node dissection	Breast cancer	Major
Breast reconstruction with latissimus dorsi flap, with or without prosthetic implant	Breast cancer, Phyllodes tumor, Ductal carcinoma in-situ, lobular carcinoma in-situ (after mastectomy)	Major
Breast reconstruction with free flap	Breast cancer, Phyllodes tumor, Ductal carcinoma in-situ, lobular carcinoma in-situ (after mastectomy)	Major
Breast reconstruction with other technique	Breast cancer, Phyllodes tumor, Ductal carcinoma in-situ, lobular carcinoma in-situ (after mastectomy)	Major

Procedure	Disease	Classification*
Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM)	Breast cancer, Phyllodes tumor, Ductal carcinoma in-situ, lobular carcinoma in-situ (after mastectomy)	Major

Legend:

**Classification refers to the estimated period of one's recuperation after surgery, if without concomitant medical problems.*

*Minor – pertains to one's estimated period of recuperation requiring a maximum of two weeks
Major - pertains to one's estimated period of recuperation more than three weeks to two months*