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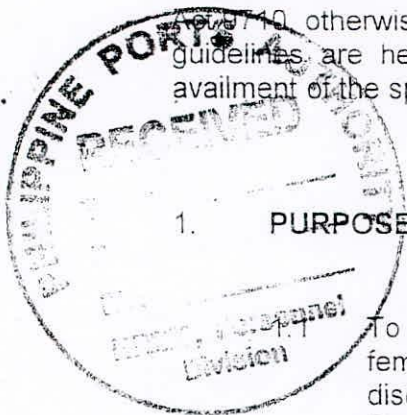
JUN 17 2011

PPA MEMORANDUM CIRCULAR
Number 06 2011



SUBJECT : GUIDELINES ON SPECIAL LEAVE FOR WOMEN

Pursuant to CSC Resolution No. 1000432 dated November 22, 1010, implementing Republic Act No. 9710, otherwise known as "An Act Providing For The Magna Carta Of Women" the following guidelines are hereby prescribed to govern the proper and uniform implementation of the availment of the special leave for women employees in the Philippine Ports Authority.



1. PURPOSE

To provide guidelines on the availment of special leave benefits for qualified female PPA employees who have undergone surgery caused by gynecological disorders pursuant to the provisions and implementing rules and regulations of Republic Act No. 9710.

- 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.

2. DEFINITION OF TERMS

- 2.1 "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.
- 2.2 "Gynecological Surgeries" also include hysterectomy, ovariectomy, and mastectomy.
- 2.3 "Employee" refers to public officials in the career and non-career service who are employed in the civil service. Those without employer-employee relationship such as Contracts of Services or Job Orders are excluded as beneficiaries of this special leave.

VISION

By 2010, PPA shall have met the international standards in port facilities and services in at least ten (10) ports in support of national development.

MISSION

We commit to provide reliable and responsive services in our ports, sustain development of our port communities and the environment, and be a model corporate agency of the government.

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

3.0 COVERAGE

3.1 Female Public Sector Employee

Any female public sector employee, as defined in Item 2.3, regardless of age and civil status, shall be entitled to a special leave of a maximum of two (2) months with full pay based on her gross monthly compensation, as defined in Item 2.4, provided;

3.1.1 She has rendered service in any or various government agencies;

3.1.2 The service is for at least six (6) months aggregate service; and

3.1.3 The six (6) months aggregate service is rendered within the last twelve (12) months prior to undergoing surgery for gynecological disorders, as defined in Item 2.1 and as provided in 3.3.2.

3.2 Special Leave Per Year

The Special Leave may be availed for;

3.2.1 Every instance of gynecological disorder requiring surgery;

3.2.2 A maximum period of two (2) months per year.

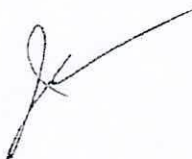
The Special Leave of two (2) months per year if not availed of does not accumulate through the years and is not convertible to cash.

3.3 Surgical Operations For Gynecological Disorders

3.3.1 Generally, special leave benefits may be availed in accordance to:

The List of Surgical Operations For Gynecological Disorders (Annex A), as defined in Item 2.1, which provides, among others, the estimated periods of recuperation from surgery due to the specific gynecological disorder.

Classification of the procedure based on the patient's estimated period of recuperation if without accompanying medical problems.



- Minor -** surgical procedures requiring a **maximum** period of recuperation of **two (2) weeks**; or
- Major -** surgical procedures requiring a **minimum** period of recuperation of three (3) weeks to a maximum period of **two (2) months**.

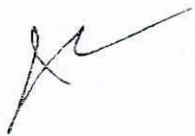
- 3.3.2 Other surgical operations for gynecological disorders which are not found in Annex A may be allowed subject to the certification of the attending physician and submission of other requirements provided under item 5.0 hereunder.

4.0 Use of Other Earned Leave Credits

- 4.1 The earned leave credits may be used for preparatory procedures and/or confinement prior to the surgery.
- 4.2 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 period of recuperation. If the sick leave credits have been exhausted, the vacation leave credits may be used (Section 56, Omnibus Rules on Leave).
- 4.3 Officials and employees with earned sick and vacation leave credits at the time of surgery and whose absences are due to the surgery referred to in 3.3.1 and 3.3.2 will be restored and included as part of her accumulated earned leave credits.
- 4.4 Officials and employees without earned sick and vacation leave and similarly situated as in 4.3 above will be paid the appropriate gross compensation as defined in 2.4 which is actually deducted from her gross monthly compensation during the two (2) month period per year of gynecological surgery and recuperation.

5.0 Required Documents and Procedures To Avail of Special Leave

- 5.1 The female employee signs and files the Application for Leave (CSC Form No.6) with the information required therein.
- 5.2 The application for leave shall be accompanied by the following:
- 5.2.1 Medical Certificate filled out by the attending physician. The Certificate must be notarized attesting to the authenticity and accuracy of the medical information in the documents required in 5.2.2 and 5.2.3 hereunder;
- 5.2.2 Clinical Summary reflecting the gynecological disorder as listed in



Annex A and classified as a gynecological disorder in 3.3.2 which shall be addressed or was addressed by said surgery; and

5.2.3 Histopathological Report which should expressly provide the following information:

- (a) Operative technique used for the surgery;
- (b) Duration of the surgery including the peri-operative period (period of confinement around surgery); and
- (c) Employee's estimated period of recuperation for the surgery.

5.3 Documents submitted in compliance with 5.2 shall be subject to the expert evaluation of the authorized medical representative of Head Office-PPA prior to the grant of the Special Leave Benefit.

6.0 The Application For Special Leave Benefits may be applied, in advance, at least five (5) days prior to the scheduled date of the gynecological surgery to be performed on the employee.

7.0 Upon return to work, the concerned employee will be required to produce a Medical Certificate showing that she is physically fit to assume the duties of her position. The Certificate must be signed by her attending physician and shall be submitted in addition to the requirements indicated in 5.2.

8.0 Other surgical operations performed on the female employee for gynecological disorders which are not expressly listed in Annex A shall require the submission of documents referred in 5.0.

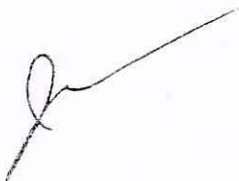
9.0 It shall be the responsibility of the female employee concerned to inform her attending physician and surgeon of the information required above and their submission to the Personnel Division, Human Resource Management Department.

10.0 Responsibilities of Offices and Officials

10.1 The General Manager shall:

10.1.1 Ensure that the above guidelines are implemented in all PPA offices nationwide in order that female officials and employees are accorded the right to proper reproductive health care.

10.1.2 Promote reproductive health care awareness and wellness program for PPA officials and employees through proactive measure/s such as:



- (a) Conduct of annual physical/medical check-up;
- (b) Information campaign on maintaining proper reproductive health care;
- (c) Issuances of health advisories;
- (d) Distribution of educational reading materials; and
- (e) Conduct of fora relative to the promotion of reproductive health care awareness and wellness

10.2 PDCs and PMOs shall:

Through their respective resource management divisions, shall monitor lawful and timely compliance with the provisions of these guidelines.

10.3 HRMD shall:

10.3.1 Through the Personnel Division, formally indorse to its Medical Section the documents submitted pursuant to 5.2 and request the medical practitioner authorized by the office for expert evaluation of the same documents.


10.3.2 Require the submission of An Evaluation Report from the authorized medical practitioner within five (5) working days from receipt of documents through the Medical Section.

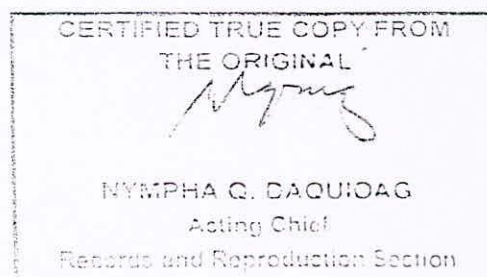
10.3.3 Within five (5) working days thereafter, process relevant documents to authorize, or otherwise, the restored leave credits or the payment of gross compensation as provided in these guidelines.

11.0 Effectivity

11.1. These guidelines shall take effect immediately.

11.2 Officials and employees who are qualified under 3.1 and 3.2 and whose periods of surgery and recuperation as provided in 3.3 occurred on September 19, 2009 and, thereafter, shall be entitled to the special leave benefit.


JUAN C. STA.ANA
General Manager
PPA



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
Vulectomy simple; partial or complete	Vulvar Masses	Major
Vulectomy, radical, partial; w/ unilateral inguofemoral lymphadenectomy	Vulvar carcinoma	Major
w/ bilateral inguofemoral lymphadenectomy		
Vulectomy, radical, complete; w/ unilateral inguofemoral lymphadenectomy	Vulvar carcinoma	Major
w/ bilateral inguofemoral lymphadenectomy		
Vulectomy, 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 tandem 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 and/or posterior 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 colposuspension/retropubic urethrovaginal	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/ bulbo cavernosus 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 of 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 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 transplantsations, 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-urethrocystopexy (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
with lysis of intrauterine adhesions (any method)	Uterine pathologies	Minor
with division or resection of intrauterine septum (any method)	Uterine pathologies	Minor
with removal of leiomyomata	Uterine pathologies	Minor
with removal of impacted foreign body	Uterine pathologies	Minor
with endometrial ablation (e.g., endometrial resection, electrosurgical ablation, thermoablation)	Uterine pathologies	Minor
with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants	Uterine pathologies	Minor
Laparoscopy, surgical; with lysis of adhesions (salpingolysis)	Fallopian tube pathologies	Minor
with removal of adnexal structures (partial or total oophorectomy and/ or salpingectomy)	Fallopian tube pathologies	Major
with fulguration or excision of lesions of the ovary, pelvic viscera, or peritoneal surface by any method	Fallopian tube pathologies	Minor
with fulguration of oviducts (with or without transection)	Fallopian tube pathologies	Minor
with occlusion of oviducts by device (e.g., band, clip, or Falope ring)	Fallopian tube pathologies	
with fimbrioplasty	Fallopian tube pathologies	Major
with salpingostomy (salpingoneostomy)	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
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	Ovarian cancer	Major
Resection of ovarian malignancy w/ bilateral salpingo- oophorectomy and omentectomy;	Ovarian cancer	Major
w/ total abdominal hysterectomy, pelvic and limited para-aortic lymphadenectomy	Ovarian cancer	Major
w/ radical dissection for debulking	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
Ovariectomy	Lysis of Adhesions	Major

Breast Procedures

Procedure	Disease	Classification*
Puncture aspiration of cyst of breast	Simple breast cyst, Fibrocystic change	Minor
Mastectomy 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

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