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| ***CS Form No. 6***  ***Revised 1984***  **APPLICATION FOR LEAVE** | | | | | |
| 1. OFFICE/AGENCY | 2.a. Name (Last) (First) (Middle) | | | | 2.b. Employee No. |
| 1. DATE OF FILING   \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_  MM DD YYYY | | 1. POSITION | | 1. SALARY (Monthly) | |
| **DETAILS OF APPLICATION** | | | | | |
| 6.a. TYPE OF LEAVE  \_\_\_\_\_\_\_\_\_ Vacation  \_\_\_\_\_\_\_\_\_ To seek employment  \_\_\_\_\_\_\_\_\_ Others (please specify)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_ Sick  \_\_\_\_\_\_\_\_\_ Maternity  \_\_\_\_\_\_\_\_\_ Paternity  \_\_\_\_\_\_\_\_\_ Others (please specify)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  6.c. NUMBER OF WORKING DAYS APPLIED FOR  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | 6.b. WHERE LEAVE WILL BE SPENT   1. IN CASE OF VACATION LEAVE   \_\_\_\_\_\_\_\_\_ Within the Philippines  \_\_\_\_\_\_\_\_\_ Abroad (please specify)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. IN CASE OF SICK LEAVE   \_\_\_\_\_\_\_\_\_ In Hospital (please specify)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_ Out-patient (please specify)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  6.d. COMMUTATION  \_\_\_\_\_\_\_\_\_ Requested  \_\_\_\_\_\_\_\_\_ Not Requested | | |
| INCLUSIVE DATES  FROM TO  \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ -- \_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_  MM DD YYYY MM DD YYYY | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Applicant | | |
| **DETAILS OF ACTION ON APPLICATION** | | | | | |
| 7.a. CERTIFICATION OF LEAVE  As of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |  |  |  | | --- | --- | --- | | **Vacation** | **Sick** | **Total** | |  |  |  | |  |  |  | |  |  |  |   **LUANNE KAY R. CLAMONTE, RGC**  HRMO Designate | | | 7.b. RECOMMENDATION  \_\_\_\_\_\_\_\_\_ Approved  \_\_\_\_\_\_\_\_\_ Disapproved due to  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Authorized Personnel | | |
| 7.c. APPROVED FOR:  \_\_\_\_\_\_\_\_\_ days with pay  \_\_\_\_\_\_\_\_\_ days without pay  \_\_\_\_\_\_\_\_\_ others (please specify)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | 7.d. DISAPPROVED DUE TO:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **HERBERT GLENN P. REYES, Ph. D.**  College President | | | | | |