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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 SPENT1. 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 LEAVEAs of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Vacation** | **Sick** | **Total** |
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**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 |