

APPLICATION FOR LEAVE

1 OFFICE / AGENCY	2 NAME (Last)	(First)	(Middle)
3 Date of filing	4 Position	5 Monthly Salary	

DETAILS OF APPLICATION

<p>6 a) TYPE OF LEAVE:</p> <p><input type="checkbox"/> Vacation</p> <p style="margin-left: 20px;"><input type="checkbox"/> To seek employment</p> <p style="margin-left: 20px;"><input type="checkbox"/> Others (Specify) _____</p> <p><input type="checkbox"/> Sick</p> <p style="margin-left: 20px;"><input type="checkbox"/> Maternity</p> <p style="margin-left: 20px;"><input type="checkbox"/> Others (Specify) _____</p> <p><input type="checkbox"/> Compensatory leave (for employees availing CTO) Specify date of OT performed : _____</p> <p><input type="checkbox"/> Terminal leave (for employees due for separation from employment)</p> <p><input type="checkbox"/> Other Leave (Specify) _____</p>	<p>6 b) WHERE LEAVE WILL BE SPENT:</p> <p>1 IN CASE OF VACATION LEAVE:</p> <p style="margin-left: 20px;"><input type="checkbox"/> Within the Philippines</p> <p style="margin-left: 20px;"><input type="checkbox"/> Abroad (Specify) _____</p> <p>2 IN CASE OF SICK LEAVE:</p> <p style="margin-left: 20px;"><input type="checkbox"/> In hospital (Specify) _____</p> <p style="margin-left: 20px;"><input type="checkbox"/> Out-Patient (Specify) _____</p>
<p>6 c) NO. OF WORKING DAYS APPLIED FOR: _____</p> <p>INCLUSIVE DATES:</p> <p>FROM: _____</p> <p>TO : _____</p>	<p>6 d) COMMUTATION:</p> <p><input type="checkbox"/> Requested <input type="checkbox"/> Not Requested</p>
<p>_____</p> <p>Signature of Applicant</p>	

DETAILS OF ACTION OF APPLICATION

<p>7 a) CERTIFICATION OF LEAVE CREDITS:</p> <p>AS OF : _____</p> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width:33%;">VACATION LEAVE</th> <th style="width:33%;">SICK LEAVE</th> <th style="width:33%;">TOTAL</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"> </td> <td> </td> <td> </td> </tr> <tr> <td style="text-align: center;">DAYS</td> <td style="text-align: center;">DAYS</td> <td style="text-align: center;">DAYS</td> </tr> </tbody> </table> <p style="margin-top: 20px;">ATTY. LILIA ELIZABETH R. HINANAY-ESCUSA Manager, Human Resource Management Department</p>	VACATION LEAVE	SICK LEAVE	TOTAL				DAYS	DAYS	DAYS	<p>7 b) RECOMMENDATION:</p> <p><input type="checkbox"/> For Approval</p> <p><input type="checkbox"/> For Disapproval due to: _____</p> <p>_____</p> <p>_____</p> <p style="text-align: right; margin-top: 20px;">_____</p> <p>Authorized Official</p>
VACATION LEAVE	SICK LEAVE	TOTAL								
DAYS	DAYS	DAYS								

<p>7 c) APPROVED FOR:</p> <p>_____ days with pay</p> <p>_____ days without pay</p> <p>_____ others (specify)</p> <p>Date: _____</p>	<p>7 d) DISAPPROVED DUE TO: _____</p> <p style="text-align: center; margin-top: 20px;">_____</p> <p>Authorized / Approving Official</p>
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INSTRUCTIONS

- 1 Application for vacation or sick leave for one (1) full day or more must be filed on this form.
- 2 Application for vacation leave shall be filed in advance whenever possible, five (5) days before going on such leave.
- 3 Application for sick leave filed in advance or exceeding five (5) days shall be accomplished with Medical Certificate.