

APPLICATION FOR LEAVE

1. OFFICE/AGENCY _____ 2. NAME (Last) _____ (First) _____ (Middle) _____

3. DATE OF FILING _____ 4. POSITION _____ 5. SALARY (Monthly) _____

6. a) TYPE OF LEAVE
- Vacation
 - To seek employment
 - Sick
 - Maternity
 - Others (Specify)

6. b) WHERE LEAVE WILL BE SPENT
- (1) IN CASE OF VACATION LEAVE
- Within the Philippines
 - Abroad (specify)
- (2) IN CASE OF SICK LEAVE
- In hospital (specify)
 - Out patient (specify)

Special Leave

c) NUMBER OF WORKING DAYS APPLIED FOR

INCLUSIVE DATES

d) COMMUTATION

Requested

Not requested

Signature of Applicant

DETAILS OF ACTION ON APPLICATION

7. a) CERTIFICATION OF LEAVE CREDITS
as of _____

7. b) RECOMMENDATIONS

- Approval
- Disapproval due to _____

Vacation	Sick	Total
Days	Days	Days

Personnel Officer

Officer-in-charge

7. c) APPROVED FOR

7. d) DISAPPROVAL DUE TO

_____ days with pay
_____ days without pay
_____ others (specify)

Date: _____