

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)

Special Leave

c) NUMBER OF WORKING DAYS APPLIED FOR

INCLUSIVE DATES

_____ - _____

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)

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: _____