

APPLICATION FOR LEAVE

1. OFFICE/AGENCY (Last Name) (First Name) (Middle Name)

2. DATE OF FILLING 3. Position/Designation 4. SALARY(monthly)

5. DETAILS OF APPLICATION

5.a. TYPE OF LEAVE
 VACATION LEAVE
 to seek employment
 others (specify) _____

5.b. WHERE LEAVE WILL SPENT
(1) In case of vacation leave
 within the Philippines
 abroad (specify) _____

SICK LEAVE
 MATERNITY
 OTHERS (specify) **TERMINAL LEAVE**

(2) In case of sick leave
 in hospital (specify) _____
 out patient (specify) _____

5.c. NUMBER OF WORKING DAYS
APPLIED FOR _____
INCLUSIVE DATES _____

5.d. COMMUTATION
 approval
 not requested

6. DETAILS OF ACTION ON APPLICATION

6.a. CERTIFICATION OF LEAVE CREDITS
as of _____

Vacation	Sick	Total

Signature of the Applicant
6.b. RECOMMENDATION
 approval
 disapproval due to _____

Director, HRDO

(AUTHORIZED OFFICIAL)

6.c. APPROVED FOR
_____ days with pay
_____ days without pay
_____ others

6.d. DISAPPROVED DUE TO

(SIGNATURE)

AUTHORIZED OFFICIAL

-please see reverse side for Instructions-

APPLICATION FOR LEAVE

7. OFFICE/AGENCY (Last Name) (First Name) (Middle Name)

8. DATE OF FILLING 9. Position/Designation 10. SALARY(monthly)

11. DETAILS OF APPLICATION

5.a. TYPE OF LEAVE
 VACATION LEAVE
 to seek employment
 others (specify) _____

5.b. WHERE LEAVE WILL SPENT
(3) In case of vacation leave
 within the Philippines
 abroad (specify) _____

SICK LEAVE
 MATERNITY
 OTHERS (specify) **TERMINAL LEAVE**

(4) In case of sick leave
 in hospital (specify) _____
 out patient (specify) _____

5.c. NUMBER OF WORKING DAYS
APPLIED FOR _____
INCLUSIVE DATES _____

5.d. COMMUTATION
 approval
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12. DETAILS OF ACTION ON APPLICATION

6.a. CERTIFICATION OF LEAVE CREDITS
as of _____

Vacation	Sick	Total

Signature of the Applicant
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Director, HRDO

(AUTHORIZED OFFICIAL)

6.c. APPROVED FOR
_____ days with pay
_____ days without pay
_____ others

6.d. DISAPPROVED DUE TO

(SIGNATURE)

AUTHORIZED OFFICIAL

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