

APPLICATION FOR LEAVE

1. Office/Agency	2. Name (Last)	(First)	(Middle)
3. Date of Filing	4. Position	5. Salary	

DETAILS OF APPLICATION

<p>6. A) Type of Leave</p> <p><input type="checkbox"/> Vacation</p> <p><input type="checkbox"/> To seek employment</p> <p><input type="checkbox"/> Others (Specify) _____</p> <p><input type="checkbox"/> Sick _____</p> <p><input type="checkbox"/> Maternity _____</p> <p><input type="checkbox"/> Others (Specify) _____</p>	<p>6. B) Where Leave will be spent:</p> <p>1. In case of Vacation Leave</p> <p><input type="checkbox"/> Within the Philippines</p> <p><input type="checkbox"/> Abroad (Specify) _____</p> <p>2. In case of Sick Leave</p> <p>_____ In hospital (Specify)</p> <p>_____</p> <p>_____</p>
<p>6. C) Number of Working Days applied for:</p> <p>_____</p> <p>Inclusive Dates</p> <p>_____</p>	<p>6. D) Commutation</p> <p><input type="checkbox"/> Requested <input type="checkbox"/> Not Requested</p> <p>_____</p> <p align="right">Signature of Applicant</p>

DETAILS OF ACTION ON APPLICATION

<p>7. A) Certification of Leave Credits</p> <p>as of _____</p> <p>_____</p> <p align="center">Authorized Officer</p>	<p>7. B) Recommendation:</p> <p><input type="checkbox"/> Approval</p> <p><input type="checkbox"/> Disapproval due to _____</p> <p>_____</p> <p align="center">Authorized Official</p>
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<p>7. C) Approved for:</p> <p>_____ days without pay</p> <p>_____ days without pay</p>	<p>7. D) Disapproved due to:</p> <p>_____</p> <p>_____</p>
<p>_____</p> <p>Signature</p> <p>LORILEI J. DEL CARMEN</p> <p>_____</p> <p>OIC-HRMO</p>	
<p>Date: _____</p>	