

APPLICATION FOR LEAVE

Employee No: _____

1. OFFICE/AGENCY	2. NAME (Last) (First) (Middle)
3. DATE OF FILING	4. POSITION
5. SALARY	

6. DETAILS OF APPLICATION

<p>6.1 TYPE OF LEAVE</p> <p><input type="checkbox"/> VACATION</p> <p style="margin-left: 40px;"><input type="checkbox"/> To seek employment</p> <p style="margin-left: 40px;"><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>6.2 WHERE LEAVE WILL BE SPENT:</p> <p style="text-align: center;">IN CASE OF VACATION LEAVE</p> <p style="margin-left: 40px;"><input type="checkbox"/> Within the Philippines</p> <p style="margin-left: 40px;"><input type="checkbox"/> Abroad (Specify) _____</p> <p style="text-align: center;">IN CASE OF SICK LEAVE</p> <p style="margin-left: 40px;"><input type="checkbox"/> In Hospital (Specify) _____</p> <p style="margin-left: 40px;"><input type="checkbox"/> Out Patient (Specify) _____</p>
<p>6.3 Number of Working Days Applied for:</p> <p style="text-align: center;">_____</p> <p>Inclusive Dates:</p> <p style="text-align: center;">_____</p>	<p>6.4 COMMUTATION</p> <p style="margin-left: 40px;"><input type="checkbox"/> Not Requested</p> <p style="margin-left: 40px;"><input type="checkbox"/> Requested</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">(Signature of Applicant)</p>

7. DETAILS OF ACTION ON APPLICATION

<p>7.1 CERTIFICATION OF LEAVE CREDITS</p> <p>As of _____</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 33%;">Vacation</th> <th style="width: 33%;">Sick</th> <th style="width: 33%;">Total</th> </tr> </thead> <tbody> <tr> <td style="height: 60px;"> </td> <td> </td> <td> </td> </tr> </tbody> </table> <p style="text-align: center;">_____</p> <p style="text-align: center;">PERSONNEL OFFICER</p>	Vacation	Sick	Total				<p>7.2 RECOMMENDATION</p> <p style="margin-left: 40px;"><input type="checkbox"/> Approval</p> <p style="margin-left: 40px;"><input type="checkbox"/> Disapproval due to _____</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">(Authorized Officer)</p>
Vacation	Sick	Total					

<p>7.3 APPROVED FOR:</p> <p style="margin-left: 40px;">_____ day/s with pay</p> <p style="margin-left: 40px;">_____ day/s without pay</p> <p style="margin-left: 40px;">_____ others (Specify) _____</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">(Signature)</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">(Authorized Official)</p>	<p>7.4 DISAPPROVED DUE TO:</p> <p style="margin-left: 40px;">_____</p> <p style="margin-left: 40px;">_____</p> <p style="margin-left: 40px;">_____</p>
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Date: _____