

APPLICATION FOR LEAVE

CSC Form No. 6
Revised 1984

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

DETAILS OF APPLICATIONS

<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>c) NUMBER OF WORKING DAYS APPLIED FOR _____</p> <p>INCLUSIVE DATES _____</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><input type="checkbox"/> / In Hospital (specify) _____</p> <p><input type="checkbox"/> / Out Patient (specify) _____</p> <p>d) COMMUTATION</p> <p><input type="checkbox"/> / Requested <input type="checkbox"/> / Not Requested</p> <p style="text-align: right;">_____ (Signature of Applicant)</p>
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DETAILS OF ACTION ON APPLICATION

<p>7. a) CERTIFICATION OF LEAVE CREDITS as of _____</p> <table border="1" style="width: 100%; border-collapse: collapse; margin: 10px 0;"> <tr> <td style="width: 33%;">Vacation</td> <td style="width: 33%;">Sick</td> <td style="width: 33%;">Total</td> </tr> <tr> <td style="border-top: 1px solid black;"> </td> <td style="border-top: 1px solid black;"> </td> <td style="border-top: 1px solid black;"> </td> </tr> <tr> <td style="border-top: 1px solid black;">Days</td> <td style="border-top: 1px solid black;">Days</td> <td style="border-top: 1px solid black;">Days</td> </tr> </table> <p style="text-align: center; margin-top: 20px;">MARIETTA A. MONTEZOR <i>Supervising Admin. Officer/HRMO IV</i></p>	Vacation	Sick	Total				Days	Days	Days	<p>7. b) RECOMMENDATION</p> <p><input type="checkbox"/> / Approval</p> <p><input type="checkbox"/> / Disapproval due to _____</p> <p style="text-align: right;">_____ (Authorized Official)</p>
Vacation	Sick	Total								
Days	Days	Days								

<p>7. c) APPROVED FOR:</p> <p>_____ Days with pay</p> <p>_____ Days without pay</p> <p>_____ Others (Specify)</p>	<p>7. d) DISAPPROVED DUE TO</p> <p>_____</p> <p>_____</p>
<p>EDUARDO A. SEVERO Municipal Mayor (Authorized Official)</p>	

(PLEASE SEE INSTRUCTIONS AT THE BACK)

I N S T R U C T I O N S

1. Application for vacation of sick leave for one full day or more on this Form and to be accomplished at least in duplicate.
2. Application for vacation leave shall be filed in advance or whenever possible five (5) days before going such leave
3. Application for sick leave filed in advance, or exceeding five (5) days shall be accompanied by a medical certificate. In case of medical consultation was not availed of, an affidavit should be executed by the applicant.
4. An employee who is absent without approved leave shall not be entitled to receive his salary corresponding to the period of his unauthorized leave of absence.
5. An application for leave of absence for thirty (30) calendar days or more shall be accompanied by clearance from money and property accountabilities.

