

APPLICATION FOR LEAVE

CS Form No. 6
Revised 1964

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

DETAILS OF APPLICATION

<p>6. a) TYPE OF LEAVE</p> <p><input type="checkbox"/> Vacation</p> <p><input type="checkbox"/> Sick</p> <p><input type="checkbox"/> Personal</p> <p><input type="checkbox"/> Maternity</p> <p><input type="checkbox"/> Study</p> <p><input type="checkbox"/> Others: _____</p> <p>6. c) NUMBER OF WORKING DAYS APPLIED FOR: _____</p> <p>INCLUSIVE DAYS: _____</p> <p>_____</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>6. d) COMMUTATION</p> <p><input type="checkbox"/> Requested <input type="checkbox"/> Not Requested</p> <p style="text-align: right;">_____</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; text-align: center;"> <thead> <tr> <th style="padding: 5px;">Vacation</th> <th style="padding: 5px;">Sick</th> <th style="padding: 5px;">Total</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;"> </td> <td style="padding: 5px;"> </td> <td style="padding: 5px;"> </td> </tr> <tr> <td style="padding: 5px;">Days</td> <td style="padding: 5px;">Days</td> <td style="padding: 5px;">Days</td> </tr> </tbody> </table> <p style="text-align: right;">_____</p> <p style="text-align: center;">Personnel Officer</p>	Vacation	Sick	Total				Days	Days	Days	<p>7. b) RECOMMENDATION</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Disapproved due to: _____</p> <p style="text-align: right;">_____</p> <p style="text-align: center;">Principal</p>
Vacation	Sick	Total								
Days	Days	Days								

7. c) APPROVED FOR:

_____ days with pay

_____ days without pay

_____ others (specify)

7. d) DISAPPROVED DUE TO:

(Signature)

(Authorized Official)

Date: _____