

(Accomplish in Triplicate)

APPLICATION FOR LEAVE

CIVIL SERVICE FORM NO. 6
Series of 1985

OFFICE/AGENCY:	NAME: (LAST FIRST MIDDLE)																												
DATE OF FILING	POSITION																												
SALARY (MONTHLY) PhP																													
<u>LEAVE APPLIED FOR:</u> VACATION: (State where to spent) <input type="checkbox"/> Within the country <input type="checkbox"/> Abroad (specify) _____	(Please Check): SICK: (State place and means of treatment) A. Hospitalization <input type="checkbox"/> Within the country <input type="checkbox"/> Abroad (specify) _____																												
<input type="checkbox"/> Terminal <input type="checkbox"/> Others (specify) _____	B. Outpatient <input type="checkbox"/> Within the country <input type="checkbox"/> Abroad (specify) _____																												
<u>INCLUSIVE DATES</u> From: _____ To: _____	<u>NO. OF DAYS</u> _____ <u>COMMUTATION</u> <input type="checkbox"/> Requested <input type="checkbox"/> Not Requested																												
<u>CERTIFICATION OF LEAVE CREDITS</u> LEAVE CREDITS AS OF <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;"></td> <td style="width:10%; text-align: center;">VL</td> <td style="width:10%; text-align: center;">SL</td> <td style="width:10%; text-align: center;">TL</td> </tr> <tr> <td>Previous</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Less: This Application</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Balance</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Last day of absence</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Absences for the month</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>OTHERS</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table> <p style="text-align: center;">VIRGINIA J. CATUDAN (Chief, Human Resource Management Section)</p>		VL	SL	TL	Previous	_____	_____	_____	Less: This Application	_____	_____	_____	Balance	_____	_____	_____	Last day of absence	_____	_____	_____	Absences for the month	_____	_____	_____	OTHERS	_____	_____	_____	_____ (Signature of Applicant) Action: (By the Authorized Officials) <input type="checkbox"/> Approval <input type="checkbox"/> Disapproval Recommended by: _____ (Immediate Supervisor)
	VL	SL	TL																										
Previous	_____	_____	_____																										
Less: This Application	_____	_____	_____																										
Balance	_____	_____	_____																										
Last day of absence	_____	_____	_____																										
Absences for the month	_____	_____	_____																										
OTHERS	_____	_____	_____																										
RECOMMENDED (By Administrative Officer) APPROVED: For _____ day/s WITH _____ PAY _____ day/s WITHOUT PAY _____ OTHERS (specify)	DATE: _____ <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved																												
<p style="text-align: center;">GEMMO G. GUILLERMO (Director, Administrative Services)</p>	<p style="text-align: center;">MIRIAM E. PASCUA (President)</p>																												
<u>INSTRUCTIONS</u>																													
<ol style="list-style-type: none"> 1. Application for VACATION or SICK LEAVE for ONE FULL DAY or more shall be made on this form. 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 MEDICAL CERTIFICATE (CS Form No. 41) and/or exceeding two (2) days in case of FACULTY MEMBERS on TEACHERS LEAVE. In case 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/HER SALARY CORRESPONDING TO THE PERIOD OF UNAUTHORIZED LEAVE OF ABSENCE. 5. An application for LEAVE OF ABSENCE FOR THIRTY (30) CALENDAR DAYS or more should be accompanied by a CLEARANCE from money and property accountability. 																													