

APPLICATION FOR LEAVE

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

6. **DETAILS OF APPLICATION**

<p>6. a) TYPE OF LEAVE</p> <p><input type="checkbox"/> Vacation</p> <p style="padding-left: 20px;"><input type="checkbox"/> To seek employment</p> <p style="padding-left: 20px;"><input type="checkbox"/> Others (Specify) _____</p> <p>_____</p> <p><input type="checkbox"/> Sick</p> <p><input type="checkbox"/> Maternity</p> <p><input type="checkbox"/> Others (Specify) _____</p> <p>_____</p> <p>6. c) NUMBER OF WORKING DAYS APPLIED FOR _____</p> <p>INCLUSIVE DATES _____</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>_____</p> <p><input type="checkbox"/> Out Patient (Specify) _____</p> <p>_____</p> <p>6. d) COMMUTATION</p> <p><input type="checkbox"/> Requested <input type="checkbox"/> Not Requested</p> <p>_____</p> <p style="text-align: right;"><i>(Signature of Applicant)</i></p>
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7. **DETAILS OF ACTION ON APPLICATION**

<p>7. a) CERTIFICATION OF LEAVE CREDITS</p> <p>As of _____</p> <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse; text-align: center;"> <tr> <td style="padding: 5px;">Vacation</td> <td style="padding: 5px;">Sick</td> <td style="padding: 5px;">Total</td> </tr> <tr> <td style="padding: 5px;">Days</td> <td style="padding: 5px;">Days</td> <td style="padding: 5px;">Days</td> </tr> </table> <p>_____</p> <p style="text-align: center;"><i>(Personnel Officer)</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>_____</p> <p style="text-align: center;"><i>(Authorized Official)</i></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 style="text-align: center;">_____</p> <p style="text-align: center;"><i>(Signature)</i></p> <p style="text-align: center;">_____</p> <p style="text-align: center;"><i>(AUTHORIZED OFFICIAL)</i></p>	<p>7. d) DISAPPROVED DUE TO:</p> <p>_____</p> <p>_____</p>
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DATE: _____

(Please see instruction at the back)

INSTRUCTIONS

- 1. Application for vacation or sick leave for one full day or more shall be made on this Form and to be accomplished at least in duplicate.*
 - 2. Application for vacation leave shall be filled in advance or whether possible five (5) days before going on such leave.*
 - 3. Application for sick-leave filed in advance, or exceeding five (5) days shall be accompanied by a medical certificate. In case medical consultations 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 a clearance from money and property accountabilities.*
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