

APPLICATION FOR LEAVE

1. OFFICE/AGENCY UP, GEOGRAPHY, CSSP	2. NAME (Last)	(First)	(Middle)
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3. DATE OF FILING	4. POSITION	
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<p>a) <u>TYPE OF LEAVE</u></p> <p><input type="checkbox"/> Vacation</p> <p><input type="checkbox"/> Sick</p> <p><input type="checkbox"/> To seek employment</p> <p><input type="checkbox"/> Others (Specify)</p> <p>_____</p> <p>_____</p>	<p>b) <u>WHERE LEAVE WILL BE SPENT</u></p> <p>(1) <u>IN CASE OF VACATION LEAVE</u></p> <p><input type="checkbox"/> Within the Philippines</p> <p><input type="checkbox"/> Abroad (specify): _____</p> <p>(2) <u>IN CASE OF SICK LEAVE</u></p> <p><input type="checkbox"/> In Hospital (Specify) _____</p>
<p>c) <u>NUMBER OF WORKING DAYS APPLIED FOR:</u> : _____</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">INCLUSIVE DATE</p>	<p>d) <u>COMMUTATION</u></p> <p><input type="checkbox"/> Requested <input type="checkbox"/> Not requested</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">(Signature of Applicant)</p>

DETAILS ON APPLICATION

7.a) CERTIFICATION OF LEAVE
CREDITS AS OF _____

Vacation: _____
 (Days)

Sick : _____
 (Days)

TOTAL: _____
 (Days)

b) RECOMMENDATION

Approval

Disapproval due to _____

Department Chair

Administrative Officer

Dean

7.c) APPROVED FOR:

_____ days with pay

_____ days w/o pay

_____ others (specify)

d) DISSAPPROVED DUE TO:

(Authorized Official)

(Date)