

APPLICATION FOR LEAVE

1. OFFICE/AGENCY	2. NAME (Last) (First) (Middle)						
3. DATE OF FILING	4. POSITION	5. SALARY					
6. DETAILS OF APPLICATION							
<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>6. c) NUMBER OF WORKING DAYS APPLIED FOR:</p> <p>_____</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>6. d) COMMUTATION</p> <p><input type="checkbox"/> Requested <input type="checkbox"/> Not Requested</p> <p>_____</p> <p style="text-align: right;">Signature of Applicant</p>						
7. 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%; text-align: center;">Vacation</td> <td style="width: 33%; text-align: center;">Sick</td> <td style="width: 33%; text-align: center;">Total</td> </tr> <tr> <td style="text-align: center;">Day/s</td> <td style="text-align: center;">Day/s</td> <td style="text-align: center;">Day/s</td> </tr> </table> <p>_____</p> <p style="text-align: center;">Personnel Officer</p>	Vacation	Sick	Total	Day/s	Day/s	Day/s	<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;">(Authorized Official)</p>
Vacation	Sick	Total					
Day/s	Day/s	Day/s					
<p>7. c) APPROVED FOR:</p> <p>_____ day/s with pay</p> <p>_____ day/s without pay</p> <p>_____ others (specify)</p>	<p>7. d) DISAPPROVED DUE TO:</p> <p>_____</p> <p>_____</p> <p>_____</p>						
<p>_____</p> <p style="text-align: center;">SIGNATURE</p> <p>_____</p> <p style="text-align: center;">AUTHORIZED OFFICIAL</p> <p>DATE: _____</p>							

GUIDELINES ON FILING OF APPLICATION FOR LEAVE OF ABSENCE

INSTRUCTIONS

1. Application for vacation or sick leave of absence 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 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 consultation was not availed of, and affidavit should be executed by the applicant.
4. An employee who is absent without approved leave shall not be entitled to received 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.