CS FORM NO. 6

Revised 1984

# APPLICATION FOR LEAVE

1. OFFICE/DISTRICT 2. NAME (LAST NAME) (FIRST NAME) (MIDDLE NAME)
 DepEd /CSJDM / CNHS

3. DATE OF FILING 4.POSITION 5. SALARY (MONTHLY)

D E T A I L S O F A P P L I C A T I O N

6. A) TYPE OF LEAVE B) WHERE LEAVE WILL BE SPENT

 (1) IN CASE OF VACATION LEAVE

 Vacation Within the Philippines

 Abroad (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 To seek employment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Other (specify) \_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_

 (2) IN CASE OF SICK LEAVE

Sick In Hospital (specify) \_\_\_\_\_\_\_\_\_\_\_\_

 Maternity \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Others (specify) Out Patient (specify) \_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

C) NUMBER OF WORKING DAYS APPLIED FOR D) COMMUTATION

day/s

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 INCLUSIVE DATE / S \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Requested Not Requested

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Signature of Applicant)

D E T A I L S O F A C T I O N O N A P P L I C A T I O N

7. A) CERTIFICATION OF LEAVE CREDITS B) RECOMMENDATION

 Approved

 VL SL

\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

TOTAL EARNED LEAVE

As of \_\_\_\_\_\_\_\_\_\_\_\_\_\_

TOTAL LEAVE ENJOYED:

Balance as of

Less this application

Balance as of

 TOTAL EARNED LEAVE VL SL

 As of \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

 TOTAL LEAVE ENJOYED: \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ Disapproved due to\_\_\_\_\_\_\_\_\_\_\_\_

 Balance as of \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

 Less this application \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

 Balance as of \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ **ROGELIO G. SISON JR.**

 Principal I

 (Personnel Officer)

 C) APPROVED FOR D) DISAPPROVED DUE TO

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_ days with pay \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ days with pay

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ days without pay

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other (specify)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_ days without pay \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Others (specify)

**GERMELINA H. PASCUAL, CESO V**

Schools Division Superintendent

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

I N S T R U C T I O N S

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 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.
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.

