

APPLICATION FOR LEAVE

1. OFFICE/AGENCY		2. NAME (Last) (First) (Middle Name)							
3. Date of Filing	4. Position:	5. Salary (Monthly)							
6 a) TYPE OF LEAVE <input type="checkbox"/> Vacation _____ to seek employment _____ others (specify) <input type="checkbox"/> Sick <input type="checkbox"/> Maternity <input type="checkbox"/> Others (specify)(Force leave) _____		6 b) WHERE LEAVE WILL BE SPENT 1. In Case of Vacation Leave <input type="checkbox"/> Within the Philippines <input type="checkbox"/> Abroad (Specify) 2. In Case of Sick Leave <input type="checkbox"/> In hospital (Specify) _____ <input type="checkbox"/> At home							
6 c) NUMBER OF WORKING DAYS APPLIED For _____ days Inclusive Date: _____		6 d) COMMUTATION <input type="checkbox"/> Requested <input type="checkbox"/> Not requested _____ (Signature of Applicant)							
7. a) CERTIFICATION OF LEAVE CREDITS As of _____ <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"><tr><td style="width: 33%; padding: 5px;">Vacation leave</td><td style="width: 33%; padding: 5px;">Sick Leave</td><td style="width: 33%; padding: 5px;">Total</td></tr><tr><td style="height: 100px;"></td><td></td><td></td></tr></table> <div style="text-align: center; margin-top: 20px;"><u>RAPHAEL D. PEIG</u> Supervising Administrative Officer</div>		Vacation leave	Sick Leave	Total				7. b. RECOMMENDATION <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved due to _____ _____	
Vacation leave	Sick Leave	Total							
7. c) APPROVED FOR: _____ days with pay _____ days without pay _____ others (Specify)		7. d) DIS-APPROVED DUE TO:							
<div>_____ (Signature)</div> <div><u>RYAN SEARES LUNA</u> (Authorized Official)</div> <div><u>MAYOR</u> (Designation)</div>									