CS **FORM** 6

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| APPLICATION FOR LEAVE | | |
| 1.) OFFICE/SCHOOL: | 2.) NAME: *(Last) (First) (Middle)* | |
| 3.) DATE OF FILING: | 4.) POSITION TITLE: | 5.) MONTHLY SALARY(BASIC): |
| **DETAILS OF APLLICATION** | | |
| 6. A.) TYPE OF LEAVE 6 . B.) WHERE LEAVE WILL BE SPENT:  \_\_\_\_Vacation a.) In Case of Vacation Leave  Sick Within the Philippines  Maternity Abroad (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Others (Specify): b.) In Case of Sick Leave  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_Hospital (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Outpatient  6. C.) NUMBER OF DAYS APPLIED FOR: 6. D.) COMMUTATION  No. of Days: Requested  Inclusive Dates: Not Requested  (Signature of Applicant) | | |
| **DETAILS OF ACTION ON APPLICATION** | | |
| 7. A.) CERTIFICATION OF LEAVE CREDITS 7. B.) RECOMMENDATION:  As of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_Approved  \_\_\_\_\_Disapproved due to   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | VACATION | SICK | Solo Parent/ Paternity | SPL | SERVICE  CREDITS | | Earned |  |  |  |  |  | | Spent |  |  |  |  |  | | Balance |  |  |  |  |  |   ­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_        SHAKEY L. MARTINEZ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Administrative Officer IV/HRMO (Name & Signature of School Head/PSDS) | | |
| 7. C.) APPROVED FOR: 7. D.) DISAPPROVED DUE TO:  \_\_\_\_\_Day(s) with pay \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_Day(s) without pay \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_Others (Specify)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  IRENE S. ANGWAY  OIC-Schools Division Superintendent | | |

Instructions:

1. Application for vacation/sick leave for one full day shall be made on this form and be accomplished in four (4) copies.

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) shall be accompanied by a Medical Certificate. In case medical consultant 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/her salary, corresponding to the period of his/her unauthorized leave of absence.

5. An application for leave of absence3 for thirty (30) calendar days or more, shall be accompanied by a clearance from money and property accountabilities.