

APPLICATION FOR LEAVE

OFFICE/SCHOOL:	EMPLOYEE NO.	NAME:	(Last)	(First)	(Middle)
DATE OF FILING:	POSITION:			MONTHLY SALARY (BASIC)	

DETAILS OF APPLICATION

A. TYPE OF LEAVE

Vacation (State purpose/reason)

Sick (State reason)

Maternity

Other (Specify)

B. NUMBER OF WORKING DAYS APPLIED FOR:

Day/s: _____
Inclusive Dates: _____

C. WHERE LEAVE WILL BE SPENT:

a. IN CASE OF VACATION LEAVE

Within the Philippines
 Travel abroad

b. IN CASE OF SICK LEAVE

In Hospital (Specify)

Out Patient

D. COMMUTATION

Requested
 Not Requested

Signature of Applicant

DETAILS OF ACTION ON APPLICATION

A. CERTIFICATION OF LEAVE AS OF:

VACATION	SICK	TOTAL

Authorized Official

B. RECOMMENDATIONS:

APPROVED

DISAPPROVED DUE TO

Authorized Official

C. APPROVED FOR:

_____ Day(s) with pay
_____ Day(s) without pay

D. DISAPPROVED DUE TO:

APPROVED:
