

# APPLICATION FOR LEAVE

CSC Form No. 6  
Revised 1994

1. OFFICE/AGENCY	2. NAME (Last)	(First)	(Middle)
3. DATE OF FILLING	4. POSITION	5. SALARY (Monthly)	

6. DETAILS OF APPLICATION

<p>6. a) TYPE OF LEAVE</p> <p><input type="checkbox"/> Vacation</p> <p style="padding-left: 20px;"><input type="checkbox"/> To seek employment</p> <p style="padding-left: 20px;"><input type="checkbox"/> Others (Specify) _____</p> <p><input type="checkbox"/> Sick</p> <p style="padding-left: 20px;"><input type="checkbox"/> Maternity</p> <p style="padding-left: 20px;"><input type="checkbox"/> Others (Specify) _____</p> <p>6. c) NUMBER OF WORKING DAY/S APPLIED FOR</p> <p>_____</p> <p>_____</p> <p>INCLUSIVE DATES _____</p> <p>_____</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>_____</p> <p>2. IN CASE OF SICK LEAVE</p> <p><input type="checkbox"/> In Hospital (Specify) _____</p> <p>_____</p> <p><input type="checkbox"/> Out Patient (Specify) _____</p> <p>_____</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>
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7. DETAILS OF ACTION ON APPLICATION

<p>7. a) CERTIFICATION OF LEAVE CREDITS</p> <p>as of _____</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 33%;">Vacation</th> <th style="width: 33%;">Sick</th> <th style="width: 33%;">Total</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"> </td> <td> </td> <td> </td> </tr> <tr> <td style="text-align: center;">Days</td> <td style="text-align: center;">Days</td> <td style="text-align: center;">Days</td> </tr> </tbody> </table> <p>_____</p>	Vacation	Sick	Total				Days	Days	Days	<p>7. b) RECOMMENDATION</p> <p><input type="checkbox"/> Approval</p> <p><input type="checkbox"/> Disapproval due to _____</p> <p>_____</p> <p>_____</p>
Vacation	Sick	Total								
Days	Days	Days								

<p>7. c) APPROVED FOR:</p> <p>_____ days with pay</p> <p>_____ days without pay</p> <p>_____ others (Specify)</p>	<p>7. d) DISAPPROVED DUE TO:</p> <p>_____</p> <p>_____</p>
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(Signature)

\_\_\_\_\_  
(Authorized Official)

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