

APPLICATION FOR LEAVE

1. OFFICE/AGENCY	2. a) NAME (Last) (First) (Middle)	2. b) EMPLOYEE NO. <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 15px;"></td> </tr> </table>								
3. DATE OF FILING <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 15px; text-align: center;">M</td> <td style="width: 15px; text-align: center;">M</td> <td style="width: 15px; text-align: center;">D</td> <td style="width: 15px; text-align: center;">D</td> <td style="width: 15px; text-align: center;">Y</td> <td style="width: 15px; text-align: center;">Y</td> <td style="width: 15px; text-align: center;">V</td> <td style="width: 15px; text-align: center;">V</td> </tr> </table>	M	M	D	D	Y	Y	V	V	4. POSITION	5. SALARY(Monthly)
M	M	D	D	Y	Y	V	V			

DETAILS OF APPLICATION

<p>6. a) TYPE OF LEAVE</p> <p><input type="checkbox"/> Vacation <input type="checkbox"/> Others (specify) _____</p> <p><input type="checkbox"/> Sick <input type="checkbox"/> Maternity <input type="checkbox"/> Paternity</p> <p>6. c) NUMBER OF WORKING DAYS APPLIED FOR _____ INCLUSIVE DATES:</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th colspan="3">FROM</th> <th colspan="3">TO</th> </tr> <tr> <th>MM</th> <th>DD</th> <th>YYYY</th> <th>MM</th> <th>DD</th> <th>YYYY</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	FROM			TO			MM	DD	YYYY	MM	DD	YYYY																			<p>6. b) WHERE LEAVE WILL BE SPENT</p> <p>1. IN CASE OF VACATION LEAVE <input type="checkbox"/> Within the Philippines <input type="checkbox"/> Abroad (specify) _____</p> <p>2. IN CASE OF SICK LEAVE <input type="checkbox"/> In Hospital (Specify) _____ <input type="checkbox"/> Out Patient (Specify) _____</p> <p>6. d) COMMUTATION <input type="checkbox"/> Requested <input type="checkbox"/> Not Requested</p> <p style="text-align: center; margin-top: 20px;">_____</p> <p style="text-align: center;">Signature of Applicant</p>
FROM			TO																												
MM	DD	YYYY	MM	DD	YYYY																										

DETAILS OF ACTION ON APPLICATION

<p>7. a) CERTIFICATION OF LEAVE As of _____</p>	<p>7. b) RECOMMENDATION <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved due to _____</p>
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