

APPLICATION FOR LEAVECSC Form No. 6
Revised 1981**1. OFFICE/DEPT./DIVISION****2. NAME****LAST****FIRST****MIDDLE****3. DATE OF FILING****4. POSITION****5. SALARY****6) DETAILS OF APPLICATION****6.a) TYPE OF LEAVE:****VACATION**

To seek employment

OTHERS (Specify) _____
_____**SICK****MATERNITY**OTHERS (Specify) _____
_____**c) NUMBER OF WORKING DAYS APPLIED FOR:**
_____**INCLUSIVE DATES:**
_____**6.b) WHERE LEAVE WILL BE SPENT:****1) In case of vacation leave**

Within the Philippines

2) In case of sick leave

In Hospital (Specify) _____

Out Patient (Specify) _____
_____**d) COMMUTATION**

Requested

Not Requested

Signature of Applicant

Address while on leave:

7) DETAILS OF ACTION ON APPLICATION**7.a) CERTIFICATION OF LEAVE CREDITS:**
AS OF

VACATION	SICK	TOTAL

7.b) RECOMMENDATION:

Approval

Disapproved due to _____