CSC Form 6
Revised 1998

APPLICATION FOR LEAVE

1. Office/Agency	2. Name (Last)	(First)	(Middle)

3. Date of Filing	4. Position	5. Salary

DETAILS OF APPLICATION

6. A) Type of Leave

☐ Vacation

    ☐ To seek employment

    ☐ Others (Specify)

    _____

☐ Sick

☐ Maternity

☐ Others (Specify)

_____

6. B) Where Leave will be spent:

    1. In case of Vacation Leave

    ☐ Within the Philippines

    ☐ Abroad (Specify)

    _____

    2. In case of Sick Leave

    _____ In hospital (Specify)

    _____

    _____

6. C) Number of Working Days applied for:

_____

Inclusive Dates

_____

6. D) Commutation

☐ Requested   ☐ Not Requested

_____

Signature of Applicant

DETAILS OF ACTION ON APPLICATION

7. A) Certification of Leave Credits

as of _____

	Vacation	Sick	Total
Total			

_____

VERONICA B. MACABATE
OIC, Personnel Division

7. B) Recommendation:

☐ Approval

☐ Disapproval due to

_____

_____

Authorized Official

7. C) Approved for:

_____ days with pay

_____ days without pay

_____

Signature

_____

Authorized Official

7. D) Disapproved due to:

_____

_____

Date: _____