**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

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VERONICA B. MACABATE
OIC, Personnel Division

Authorized Official

7. B) Recommendation:
   - [ ] Approval
   - [ ] Disapproval due to

7. C) Approved for:
   - [ ] days with pay
   - [ ] days without pay

Signature

Authorized Official

Date: ________________

Authorized Official