CSC Form No. 6  
Revised 1984

**APPLICATION FOR LEAVE**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. OFFICE/AGENCY   **INSTITUTE FOR LABOR STUDIES** | 1. NAME *(Last Name) (First Name) (Middle Initial)*   **${fullname}** | | | | |
| 1. DATE OF FILING   **${date\_filing}** | 1. POSITION   **${position}** | | | 1. SALARY *(Monthly)*   PHP SG **${sg}** | |
| **DETAILS OF APPLICATION** *(to be filled out applicant)* | | | | | |
| 6.a. TYPE OF LEAVE  *${vacation\_checkbox}*  ${v\_employment\_checkbox}  ${v\_others\_checkbox}  *${slp\_checkbox}*  *${sick\_checkbox}*  *${maternity\_checkbox}*  *${others\_checkbox}*  6.c. NUMBER OF WORKING DAYS APPLIED FOR  \_\_\_\_\_\_\_\_**${no\_days}\_Day/s Only**\_\_\_\_\_  INCLUSIVE DATES:  \_\_\_\_\_\_\_\_**${inclusive\_dates}**\_\_\_\_\_ | | | 6.b. WHERE LEAVE WILL BE SPENT   1. IN CASE OF VACATION LEAVE   ${v\_country\_checkbox}  ${v\_abroad\_checkbox}   1. IN CASE OF SICK LEAVE   ${in\_hospital\_checkbox}  ${out\_patient\_checkbox}  6.d. COMMUTATION  ${r\_checkbox} ${nr\_checkbox}  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(Signature of Applicant)* | | |
| **DETAILS OF ACTION ON APPLICATION** | | | | | |
| 7.a. RECOMMENDATION for: *(to be filled out by immediate supervisor)*   * Approval * Disapproval due to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | 7.a. CERTIFICATION OF LEAVE CREDITS: *(to be filled out By HR Unit)*  As of :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_     |  |  |  |  | | --- | --- | --- | --- | | **VACATION** | **SICK** | **SLP** | **TOTAL** | |  |  |  |  | | Days | Days | Days | Days | | | |
| **${supervisor\_name}**  *${supervisor\_position}* | | \_\_\_\_\_\_\_\_\_\_ Date | **${hr\_name}**  *${hr\_position}* | | \_\_\_\_\_\_\_\_\_\_  Date |
| 7.c. APPROVED FOR *(to be filled out by HR Unit)*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Days with pay*  *\_\_\_\_\_\_\_\_\_\_\_\_\_ Days without pay*  *\_\_\_\_\_\_\_\_\_\_\_\_\_ Others (specify)* | | | 7.d. DISAPPROVED DUE TO *(to be filled out by HR Unit)*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **${signatory\_name}**  *${signatory\_position}*  Date: \_\_\_\_\_\_\_\_\_\_\_ | | | | | |