



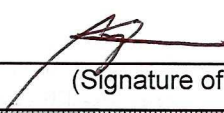
**TOURISM
INFRASTRUCTURE AND
ENTERPRISE
ZONE
AUTHORITY**

6th & 7th Floors, Tower 1
DoubleDragon Plaza
DD Meridian Park
Macapagal Avenue corner
EDSA Extension
1302 Bay Area, Pasay City

REPUBLIC OF THE PHILIPPINES

Tourism Infrastructure and Enterprise Zone Authority
Pasay

APPLICATION FOR LEAVE

1. DEPARTMENT/DIVISION	2. ID NO.	NAME (Last)	(First)	(Middle)									
Corplan	2436	CALUYA	MIKHAEL BRYAN	GENIBLAZO									
3. DATE OF FILING	4. POSITION	5. SALARY (Monthly)											
15-Sep-20	Sr. PPDO												
DETAILS OF APPLICATION													
6. A) TYPE OF LEAVE <input type="checkbox"/> Vacation Reason _____ <input type="checkbox"/> Sick <input type="checkbox"/> Maternity/Paternity <input checked="" type="checkbox"/> Others (Specify) CNA Birthday Leave		6. B) WHERE LEAVE WILL BE SPENT : 1. IN CASE OF VACATION LEAVE <input type="checkbox"/> Within the Philippines <input type="checkbox"/> Abroad (Specify) _____ IN CASE OF SICK LEAVE <input type="checkbox"/> In Hospital (Specify) _____ <input type="checkbox"/> Out-Patient (Specify) _____											
6. C) NUMBER OF WORKING/CALENDAR DAYS: APPLIED FOR : _____ one (1) day From : 21 September 2020 To : _____		6. D) COMMUTATION <input type="checkbox"/> Requested <input type="checkbox"/> Not Requested  (Signature of Applicant)											
DETAILS OF ACTION ON APPLICATION													
7. A) CERTIFICATION OF LEAVE CREDITS as of _____		7. B) RECOMMENDATION <input type="checkbox"/> Approval _____ <input type="checkbox"/> Disapproval due to: _____											
<table border="1"><thead><tr><th>Vacation</th><th>Sick</th><th>Total</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td></tr><tr><td>Days</td><td>Days</td><td>Days</td></tr></tbody></table>		Vacation	Sick	Total				Days	Days	Days			
Vacation	Sick	Total											
Days	Days	Days											
ABIGAIL R. PERCELA HRM Officer IV Human Resource Services Division		FRANCIS RANDY J. HORTELANO Manager, Corporate Planning Department											
7. C) APPROVED FOR : _____ days with pay _____ days without pay _____ Others (specify)		7. D) DISAPPROVED DUE TO: _____ _____											
JOSEFINA U. SORIANO Manager, Human Resource Services Division Administrative Services Department													
Date :													
PLEASE SEE INSTRUCTIONS AT THE BACK													

I N S T R U C T I O N S

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1. Application for Vacation or Sick Leave for one full day or more shall be made on this form and to be accomplished at least in duplicate.
2. Application for Vacation Leave shall be filed in advance or whenever possible five (5) days going on such leave.
3. Application for sick leave filed in advance or exceeding five (5) days shall be accompanied by a medical certificate. In case medical consultation was not availed of, the applicant should execute an affidavit.
4. An employee who is absent without approved leave shall not be entitled to receive his/her salary corresponding to the period of his/her unauthorized leave of absence.
5. An application for leave of absence for thirty (30) calendar days or more shall be accompanied by a clearance from money and property accountabilities.