



**TOURISM
INFRASTRUCTURE AND
ENTERPRISE
ZONE
AUTHORITY**

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Pasay City 1302

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CSC Form 6
Revised 1998

APPLICATION FOR LEAVE

1. DEPARTMENT/DIVISION	2. ID NO.	NAME (Last)	(First)	(Middle)
Corporate Planning Dept.	917	LEJANO	MELODY	RAYO
3. DATE OF FILING	4. POSITION	5. SALARY (Monthly)		
9-Dec-20	Project Planning and Development Officer A			

DETAILS OF APPLICATION

6. A) TYPE OF LEAVE

☐ Vacation
☐ Reason: _____

☐ Sick
☐ Maternity
☒ Others (Specify)
Forced Leave

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) _____
_____ Out-Patient (Specify) _____

6. C) NUMBER OF WORKING/CALENDAR DAYS:

APPLIED FOR: **5 days**
FROM: **December 21, 22, 23, 28 & 29, 2020**
TO: **XXXXXXXX**

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
Days	Days	Days

ABIGAIL V. PERCELA

HRMO V, Human Resource Services Division

7. B) RECOMMENDATION:

☒ Approval
☐ Disapproval due to: _____


FRANCIS RANDY J. HORTELANO

Manager, Corporate Planning Department

7. C) APPROVED FOR:

_____ days with pay
_____ days without pay

7. D) DISAPPROVED DUE TO:

JOSEFINA U. SORIANO

Manager, Human Resource Services Division

Date: _____

PLEASE SEE INSTRUCTIONS AT THE BACK