



**REPUBLIC OF THE PHILIPPINES**  
**Tourism Infrastructure and Enterprise Zone Authority**  
**Makati**

**APPLICATION FOR LEAVE**

1. DEPARTMENT/DIVISION	2. ID NO.	NAME (Last)	(First)	(Middle)									
Corporate Planning Dept	63	Laranas	Belinda	Duran									
3. DATE OF FILING	4. POSITION	5. SALARY (Monthly)											
March 10, 2021	Sr. Corporate Planning Specialist	P46,000+											
<b>DETAILS OF APPLICATION</b>													
6. A) TYPE OF LEAVE <input type="checkbox"/> Vacation Reason _____ <input type="checkbox"/> Sick <input type="checkbox"/> Maternity/Paternity <input type="checkbox"/> Others (Specify) <u>FORCED LEAVE</u>		6. B) WHERE LEAVE WILL BE SPENT : 1. IN CASE OF VACATION LEAVE <input type="checkbox"/> Within the Philippines Abroad (Specify) <u>EUROPE</u>  IN CASE OF SICK LEAVE <input type="checkbox"/> In Hospital (Specify) _____ <input type="checkbox"/> Out-Patient (Specify) _____ flu											
6. C) NUMBER OF WORKING/CALENDAR DAYS: APPLIED FOR : <u>1 working day</u> From : <u>March 11, 2021</u> To : _____		6. D) COMMUTATION <input type="checkbox"/> Requested <input type="checkbox"/> Not Requested  <u>Belinda D Laranas</u> (Signature of Applicant)											
<b>DETAILS OF ACTION ON APPLICATION</b>													
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 PERCELA HRM Officer V 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													