



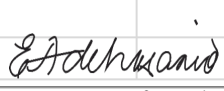
CSC Form 6
Revised 1998

REPUBLIC OF THE PHILIPPINES
Tourism Infrastructure and Enterprise Zone Authority

APPLICATION FOR LEAVE

1. DEPARTMENT/DIVISION	2. ID NO.	NAME (Last)	(First)	(Middle)
COPD / SPD	774	DEL ROSARIO	EVELYN	ALAGAR
3. DATE OF FILING	4. POSITION	5. SALARY (Monthly)		
February 16, 2021	Sr. Strategic Planning Analyst			

DETAILS OF APPLICATION

6. A) TYPE OF LEAVE		6. B) WHERE LEAVE WILL BE SPENT	
<input type="checkbox"/> Vacation		1. IN CASE OF VACATION LEAVE	
Reason:		<input type="checkbox"/> Within the Philippines	
		<input type="checkbox"/> Abroad (Specify)	
<input type="checkbox"/> Sick		2. IN CASE OF SICK LEAVE	
<input type="checkbox"/> Maternity/Paternity		<input type="checkbox"/> In hospital (Specify)	_____
<input type="checkbox"/> Others (Specify)		<input type="checkbox"/> Out-Patient (Specify)	_____
MC 06			
6. C) NUMBER OF WORKING/CALENDAR DAYS:		6. D) COMMUTATION	
APPLIED FOR Two (2) Days only		<input checked="" type="checkbox"/> Requested	<input type="checkbox"/> Not Requested
From: 09 February 2021			
To: 10 February 2021		 Signature of Applicant	

DETAILS OF ACTION ON APPLICATION

7. A) CERTIFICATION OF LEAVE CREDITS			7. B) RECOMMENDATION:	
as of			<input type="checkbox"/> Approval	
			<input type="checkbox"/> Disapproval due to:	
Vacation	Sick	Total		
Days	Days	Days		
ABIGAIL R. PERCELA HRMO IV, Human Resource Services Division			FRANCIS RANDY J. HORTELANO DEPARTMENT/OFFICE HEAD	
7. C) APPROVED FOR:			7. D) DISAPPROVED DUE TO:	
_____ days with pay				
_____ days without pay				
_____ Others (specify)				

JOSEFINA U. SORIANO

Manager, Human Resource Services Division

Date: _____

PLEASE SEE INSTRUCTIONS AT THE BACK

INSTRUCTIONS

=====

- | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|
| 1. Application for Vacation or Sick Leave for one (1) 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 before 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, an Affidavit should be executed by the Applicant. | | | | | | | | |
| 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. | | | | | | | | |