



**TOURISM
INFRASTRUCTURE AND
ENTERPRISE
ZONE
AUTHORITY**

7th Floor, Tower 1
DoubleDragon Plaza
Macapagal Avenue corner
EDSA Extension Bay Area
Pasay City 1302

☎ (+632) 8249-5900 to 79 loc 751
✉ corplan@tieza.gov.ph
🌐 www.tieza.gov.ph

CSC Form 6
Revised 1998

APPLICATION FOR LEAVE

| | | | | |
|--------------------------|------------------------------|---------------------|-------------|----------|
| 1. DEPARTMENT/ DIVISION | 2. ID NO. | NAME (Last) | (First) | (Middle) |
| Corporate Planning Dept. | 3057 | BASTO | EZRA NICOLE | CUDAL |
| 3. DATE OF FILING | 4. POSITION | 5. SALARY (Monthly) | | |
| 23-Nov-20 | Corporate Planning Analyst A | | | |

DETAILS OF APPLICATION

| | | | |
|---|---------------|--|--|
| 6. A) TYPE OF LEAVE | | 6. B) WHERE LEAVE WILL BE SPENT | |
| <input type="checkbox"/> Vacation | Reason: _____ | 1. IN CASE OF VACATION LEAVE | |
| | | <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 | | In hospital (Specify) _____ | |
| <input type="checkbox"/> Others (Specify) | | Out-Patient (Specify) _____ | |
| MO6 | | | |
| 6. C) NUMBER OF WORKING/ CALENDAR DAYS | | 6. D) COMMUTATION | |
| APPLIED FOR: 1 | | <input type="checkbox"/> Full day <input type="checkbox"/> Half day <input type="checkbox"/> Other _____ | |
| From: 24-Nov-20 | | _____ | |
| To: n/a | | _____ | |

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 | | | FRANCIS RANDY J. HORTELANO | | |
| HRMO IV | | | (OIC, Department/ Office Head) | | |
| 7. C) APPROVED FOR | | | 7. D) DISAPPROVED DUE TO: | | |
| _____ days with pay | | | _____ | | |
| _____ days without pay | | | _____ | | |
| JOSEFINA U. SORIANO | | | | | |
| Manager, Human Resource Services Division | | | | | |
| Date: _____ | | | | | |

PLEASE SEE INSTRUCTIONS AT THE BACK