



**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

CSC Form 6
Revised 1998

APPLICATION FOR LEAVE

1. DEPARTMENT/DIVISION	2. ID NO.	NAME (Last)	(First)	(Middle)
COPD / SPD	774	DEL ROSARIO	EVELYN	A.
3. DATE OF FILING	4. POSITION	5. SALARY (Monthly)		
03 Nov. 2020	Sr. Corporate 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	
<input type="checkbox"/> 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		_____ In hospital (Specify) _____	
<input type="checkbox"/> Others (Specify)		_____ Out-Patient (Specify) _____	
MC 6			
6. C) NUMBER OF WORKING/CALENDAR DAYS:		6. D) COMMUTATION	
APPLIED FOR: <u>1 day only</u>		<input checked="" type="checkbox"/> Requested <input type="checkbox"/> Not Requested	
From: <u>03 Nov. 2020</u>			
To: _____			
		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:							
		<input type="checkbox"/> _____							
<table border="1"><tr><td>Vacation</td><td>Sick</td><td>Total</td></tr><tr><td>Days</td><td>Days</td><td>Days</td></tr></table>		Vacation	Sick	Total	Days	Days	Days	FRANCIS RANDY J. HORTELANO	
Vacation	Sick	Total							
Days	Days	Days							
ABIGAIL R. PERCELA		Department Manager							
HRM Officer IV		Corporate Planning Department							
Human Resource Services Division									
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									

PLEASE SEE INSTRUCTIONS AT THE BACK

INSTRUCTIONS

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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.