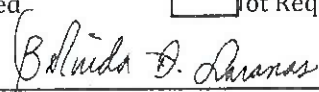



REPUBLIC OF THE PHILIPPINES
Tourism Infrastructure and Enterprise Zone Authority
Pasay

APPLICATION FOR LEAVE

1. DEPARTMENT/DIVISION	2. ID NO.	NAME (Last)	(First)	(Middle)									
COPD/SPD	0063	LARANAS BELINDA		DURAN									
3. DATE OF FILING	4. POSITION		5. SALARY (Monthly)										
OCTOBER 30, 2020	SENIOR CORPLAN SPECIALIST												
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"/> Sick		<input type="checkbox"/> Within the Philippines											
<input type="checkbox"/> Maternity/Paternity		<input type="checkbox"/> Abroad (Specify) _____											
<input checked="" type="checkbox"/> Others (Specify) FORCED LEAVE		IN CASE OF SICK LEAVE											
		<input type="checkbox"/> In Hospital (Specify) _____											
		<input type="checkbox"/> Out-Patient (Specify) _____											
6. C) NUMBER OF WORKING/CALENDAR DAYS: APPLIED FOR : 2 DAYS		6. D) COMMUTATION											
From : November 3, 2020 and		<input type="checkbox"/> Requested <input type="checkbox"/> Not Requested											
To : November 5, 2020		 (Signature of Applicant)											
DETAILS OF ACTION ON APPLICATION													
7. A) CERTIFICATION OF LEAVE CREDITS as of _____		7. B) RECOMMENDATION											
<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 33%;">Vacation</td><td style="width: 33%;">Sick</td><td style="width: 33%;">Total</td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td>Days</td><td>Days</td><td>Days</td></tr></table>		Vacation	Sick	Total				Days	Days	Days	<input type="checkbox"/> Approval _____ <input type="checkbox"/> Disapproval due to: _____		
Vacation	Sick	Total											
Days	Days	Days											
ABIGAIL R. PERCELA HRM Officer IV Human Resource Services Division		 FRANCIS RANDY J. HORTELANO Manager Corporate Planning Department											
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 Administrative Services Department													
PLEASE SEE INSTRUCTIONS AT THE BACK													

I N S T R U C T I O N S

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1. Application for Vacation or Sick Leave for one 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 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, the applicant should execute an affidavit.
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.