



**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)
Corporate Planning Dept.	917	LEJANO	MELODY	RAYO
3. DATE OF FILING	4. POSITION		5. SALARY (Monthly)	
December 16, 2020	Project Planning and Development Officer A		XXXXXX	

**DETAILS OF APPLICATION**

<b>6. A) TYPE OF LEAVE</b> <input type="checkbox"/> Vacation Reason: _____  <input type="checkbox"/> Sick <input type="checkbox"/> Maternity <input checked="" type="checkbox"/> Others (Specify) Forced Leave	<b>6. B) WHERE LEAVE WILL BE SPENT</b> <b>1. IN CASE OF VACATION LEAVE</b> <input type="checkbox"/> Within the Philippines <input type="checkbox"/> Abroad (Specify) _____ <b>2. IN CASE OF SICK LEAVE</b> _____ In hospital (Specify) _____ Out-Patient (Specify) _____ <b>6. C) NUMBER OF WORKING/CALENDAR DAYS:</b> APPLIED FOR:                      Four (4) days From:                      Dec. 21, 22, 23 & 28, 2020 To:                      XXXXXXXXXXXX	<b>6. D) COMMUTATION</b> <input type="checkbox"/> Requested <input type="checkbox"/> Not Requested  _____ Signature of Applicant
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**DETAILS OF ACTION ON APPLICATION**

<b>7. A) CERTIFICATION OF LEAVE CREDITS</b> as of _____ <table border="1" style="margin-left: 40px;"><tr><td>Vacation</td><td>Sick</td><td>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	<b>7. B) RECOMMENDATION:</b> <input type="checkbox"/> Approval <input type="checkbox"/> Disapproval due to: _____  <div style="text-align: center;"> <b>FRANCIS RANDY J. HORTELANO</b> Manager, Corporate Planning Dept.</div>
Vacation	Sick	Total								
Days	Days	Days								
<b>7. C) APPROVED FOR:</b> _____ days with pay _____ days without pay _____ Others (Specify)	<b>7. D) DISAPPROVED DUE TO:</b> _____ _____									

JOSEFINA U. SORIANO  
Manager, Human Resource Services Division  
Administrative Services Department

Date: \_\_\_\_\_

**PLEASE SEE INSTRUCTIONS AT THE BACK**



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3. DATE OF FILING	4. POSITION	5. SALARY (Monthly)		
December 16, 2020	Project Planning and Development Officer A	xxxxxx		

**DETAILS OF APPLICATION**

6. A) TYPE OF LEAVE

☒ XX

Vacation

Reason: \_\_\_\_\_

☐

Sick

☐

Maternity

☐

Others (Specify) \_\_\_\_\_

6. B) WHERE LEAVE WILL BE SPENT

1. IN CASE OF VACATION LEAVE

☐

Within the Philippines

☐

Abroad (Specify) \_\_\_\_\_

2. IN CASE OF SICK LEAVE

\_\_\_\_\_ In hospital (Specify)

\_\_\_\_\_ Out-Patient (Specify)

6. C) NUMBER OF WORKING/CALENDAR DAYS:

APPLIED FOR: \_\_\_\_\_

One (1) day

From: \_\_\_\_\_

December. 29, 2020

To: \_\_\_\_\_

xxxxxxxxxxx


6. D) COMMUTATION

☐

Requested

☐

Not Requested

  
Signature of Applicant

**DETAILS OF ACTION ON APPLICATION**

7. A) CERTIFICATION OF LEAVE CREDITS

as of \_\_\_\_\_

Vacation	Sick	Total
Days	Days	Days

7. B) RECOMMENDATION:

☐

Approval

☐

Disapproval due to: \_\_\_\_\_

ABIGAIL R. PERCELA

HRMO IV, Human Resource Services Division

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

Date: \_\_\_\_\_

Administrative Services Department

**PLEASE SEE INSTRUCTIONS AT THE BACK**

**TIEZAWORKS**