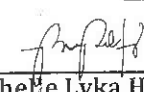
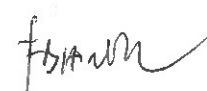


**REPUBLIC OF THE PHILIPPINES**  
**Tourism Infrastructure and Enterprise Zone Authority**  
**Pasay**

**APPLICATION FOR LEAVE**

1. DEPARTMENT/DIVISION	2. ID NO.	NAME (Last)	(First)	(Middle)									
<b>COPD</b>	<b>3518</b>	<b>PERALTA</b>	<b>BIEHELLE LYKA</b>	<b>HORTELANO</b>									
3. DATE OF FILING	4. POSITION		5. SALARY (Monthly)										
<b>December 21, 2020</b>	<b>Secretary A</b>		<b>P 17,975.00</b>										
<b>DETAILS OF APPLICATION</b>													
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) <b>MC 6</b>		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 : <b>3 (Three) Days</b>													
From : <b>December 23, 28 &amp; 29, 2020</b>													
To : <b>XXXXXXXXXXXXXXXXXXXX</b>													
		6. D) COMMUTATION											
		<input type="checkbox"/> Requested <input type="checkbox"/> Not Requested											
		 <b>Biechelle Lyka H. Peralta</b>											
<b>DETAILS OF ACTION ON APPLICATION</b>													
7. A) CERTIFICATION OF LEAVE CREDITS		7. B) RECOMMENDATION											
as of _____		<input type="checkbox"/> Approval _____											
		<input type="checkbox"/> Disapproval due to: _____											
<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			
Vacation	Sick	Total											
Days	Days	Days											
<b>ABIGAIL R. PERCELA</b> HRM Officer IV Human Resource Services Division		 <b>FRANCIS RANDY J. HORTELANO</b> Manager Corporate Planning Department											
7. C) APPROVED FOR :		7. D) DISAPPROVED DUE TO:											
_____ days with pay		_____											
_____ days without pay		_____											
_____ Others (specify)													
<b>JOSEFINA U. SORIANO</b> Manager, Human Resource Services Division Administrative Services Department													
Date : _____													
<b>PLEASE SEE INSTRUCTIONS AT THE BACK</b>													