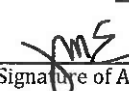
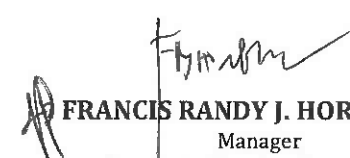


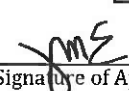

**REPUBLIC OF THE PHILIPPINES**  
**Tourism Infrastructure and Enterprise Zone Authority**  
**Pasay**

**APPLICATION FOR LEAVE**

1. DEPARTMENT/DIVISION	2. ID NO.	NAME (Last)	(First)	(Middle)
<b>COPD/M&amp;E</b>	<b>3060</b>	<b>SALON</b>	<b>MA. KRISTINA</b>	<b>E.</b>
3. DATE OF FILING	4. POSITION		5. SALARY (Monthly)	
<b>January 19, 2021</b>	<b>PPDO A</b>		<b>XXXXX</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 checked="" type="checkbox"/> Sick		<input type="checkbox"/> Within the Philippines		
<input type="checkbox"/> Maternity/Paternity		<input type="checkbox"/> Abroad (Specify) _____		
<input type="checkbox"/> Others (Specify) _____		IN CASE OF SICK LEAVE		
		<input type="checkbox"/> In Hospital (Specify) _____		
		<input checked="" type="checkbox"/> Out-Patient (Specify) <b>cough</b>		
6. C) NUMBER OF WORKING/CALENDAR DAYS:				
APPLIED FOR : <b>4 (Four Days)</b>				
From : <b>January 18-21, 2021</b>				
To : <b>XXX</b>				
6. D) COMMUTATION				
<input type="checkbox"/> Requested <input type="checkbox"/> Not Requested				
(Signature of Applicant) 				
<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: _____		
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>				

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

**APPLICATION FOR LEAVE**

<b>1. DEPARTMENT/DIVISION</b>	<b>2. ID NO.</b>	<b>NAME (Last)</b>	<b>(First)</b>	<b>(Middle)</b>
<b>COPD/M&amp;E</b>	<b>3060</b>	<b>SALON</b>	<b>MA. KRISTINA</b>	<b>E.</b>
<b>3. DATE OF FILING</b>	<b>4. POSITION</b>		<b>5. SALARY (Monthly)</b>	
<b>January 19, 2021</b>	<b>PPDO A</b>		<b>XXXXX</b>	
<b>DETAILS OF APPLICATION</b>				
<b>6. A) TYPE OF LEAVE</b>		<b>6. B) WHERE LEAVE WILL BE SPENT :</b>		
<input type="checkbox"/> Vacation Reason: _____		<b>1. IN CASE OF VACATION LEAVE</b>		
<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>Forced Leave</b>		<b>IN CASE OF SICK LEAVE</b>		
		<input type="checkbox"/> In Hospital (Specify) _____		
		<input type="checkbox"/> Out-Patient (Specify) _____		
<b>6. C) NUMBER OF WORKING/CALENDAR DAYS:</b>		<b>6. D) COMMUTATION</b>		
APPLIED FOR : <b>4 (Four Days)</b>		<input type="checkbox"/> Requested <input type="checkbox"/> Not Requested		
From : <b>January 25-28, 2021</b>				
To : <b>XXX</b>				
(Signature of Applicant) 				
<b>DETAILS OF ACTION ON APPLICATION</b>				
<b>7. A) CERTIFICATION OF LEAVE CREDITS</b>		<b>7. B) RECOMMENDATION</b>		
as of _____		<input type="checkbox"/> Approval _____		
		<input type="checkbox"/> Disapproval due to: _____		
Vacation	Sick			
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		
<b>7. C) APPROVED FOR :</b>		<b>7. D) DISAPPROVED DUE TO:</b>		
_____ 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>				