



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	2646	ELE MOS	FRANCES DESIREE	V.									
3. DATE OF FILING	4. POSITION		5. SALARY (Monthly)										
NOV. 4, 2020	SR. CORPLAN ANALYST		XXXXX										
DETAILS OF APPLICATION													
6. A) TYPE OF LEAVE		6. B) WHERE LEAVE WILL BE SPENT :											
<input checked="" type="checkbox"/> Vacation		1. IN CASE OF VACATION LEAVE											
Reason: To assist online schooling of my kids and will run important errands		<input type="checkbox"/> Within the Philippines											
<input type="checkbox"/> Sick		<input type="checkbox"/> Abroad (Specify) _____											
<input type="checkbox"/> Maternity/Paternity		IN CASE OF SICK LEAVE											
<input type="checkbox"/> Others (Specify) _____		<input type="checkbox"/> In Hospital (Specify) _____											
		<input type="checkbox"/> Out-Patient (Specify) _____											
6. C) NUMBER OF WORKING/CALENDAR DAYS: APPLIED FOR : 1 (ONE DAY)		6. D) COMMUTATION											
From : NOV. 5, 2020		<input type="checkbox"/> Requested <input type="checkbox"/> Not Requested											
To : XXXXX		 (Signature of Applicant)											
DETAILS OF ACTION ON APPLICATION													
7. A) CERTIFICATION OF LEAVE CREDITS as of _____		7. B) RECOMMENDATION											
		<input type="checkbox"/> Approval _____											
		<input type="checkbox"/> Disapproval due to: _____											
<table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 33%;">Vacation</th><th style="width: 33%;">Sick</th><th style="width: 33%;">Total</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td></tr><tr><td>Days</td><td>Days</td><td>Days</td></tr></tbody></table>		Vacation	Sick	Total				Days	Days	Days			
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													
Date :													
PLEASE SEE INSTRUCTIONS AT THE BACK													