



**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.	813	Allan	Alex Travis Jr.	Hernandez
3. DATE OF FILING	4. POSITION		5. SALARY (Monthly)	
19-Nov-20	Information Chief A			

DETAILS OF APPLICATION

6. A) TYPE OF LEAVE

☐ Vacation
Reason: _____

☐ Sick

☐ Maternity

☐ Others (Specify)
MC-6

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: Two (2) days

From: 17-Nov-20

To: 18-Nov-20

6. D) COMMUTATION

☐ Requested ☐ Not Requested

[Signature]
Signature of Applicant

DETAILS OF ACTION ON APPLICATION

7. A) CERTIFICATION OF LEAVE CREDITS

as of _____

Vacation	Sick	Total
Days	Days	Days

ABIGAIL R. PERCELA
HRMO IV, Human Resource Services Division

7. B) RECOMMENDATION:

☐ Approval

☐ Disapproval due to: _____

[Signature]
FRANCIS RANDY HORTELANO
Department Manager, Corplan

7. C) APPROVED FOR:

_____ days with pay

_____ days without pay

_____ Others (Specify)

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

7. D) DISAPPROVED DUE TO:

Date: _____

PLEASE SEE INSTRUCTIONS AT THE BACK

TIEZA WORKS



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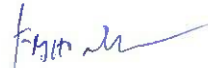
APPLICATION FOR LEAVE

1. DEPARTMENT/DIVISION	2. ID NO.	NAME (Last)	(First)	(Middle)
Corporate Planning Dept.	813	Allan	Alex Travis Jr.	Hernandez
3. DATE OF FILING	4. POSITION	5. SALARY (Monthly)		
26-Nov-20	Information Chief A			

DETAILS OF APPLICATION

6. A) TYPE OF LEAVE <input type="checkbox"/> Vacation Reason: _____ <input type="checkbox"/> Sick <input type="checkbox"/> Maternity <input type="checkbox"/> Others (Specify) <u>MC-6</u>	6. B) WHERE LEAVE WILL BE SPENT 1. IN CASE OF VACATION LEAVE <input type="checkbox"/> Within the Philippines <input type="checkbox"/> Abroad (Specify) _____ 2. IN CASE OF SICK LEAVE _____ In hospital (Specify) _____ _____ Out-Patient (Specify) _____
6. C) NUMBER OF WORKING/CALENDAR DAYS: APPLIED FOR: <u>Two (2) days</u> From: <u>24-Nov-20</u> To: <u>25-Nov-20</u>	6. D) COMMUTATION <input type="checkbox"/> Requested <input type="checkbox"/> Not Requested  Signature of Applicant

DETAILS OF ACTION ON APPLICATION

7. A) CERTIFICATION OF LEAVE CREDITS as of _____ <table border="1"><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	7. B) RECOMMENDATION: <input type="checkbox"/> Approval <input type="checkbox"/> Disapproval due to: _____  FRANCIS RANDY HORTELANO Department Manager, Corplan
Vacation	Sick	Total								
Days	Days	Days								
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
Administrative Services Department

Date: _____

PLEASE SEE INSTRUCTIONS AT THE BACK