


### APPLICATION FOR LEAVE

1. DEPARTMENT/DIVISION	2. ID NO.	NAME (Last)	(First)	(Middle)
Corporate Planning	945	Bayot	Anna Leah	Rojales
3. DATE OF FILING	4. POSITION		5. SALARY (Monthly)	
15-Oct-20	Division Manager A			

#### DETAILS OF APPLICATION

6. A) TYPE OF LEAVE <input type="checkbox"/> Vacation Reason _____  <input type="checkbox"/> Sick <input type="checkbox"/> Maternity/Paternity <input checked="" type="checkbox"/> Others (Specify) <b>CNA Leave</b>	6. B) WHERE LEAVE WILL BE SPENT : 1. IN CASE OF VACATION LEAVE <input type="checkbox"/> Within the Philippines <input type="checkbox"/> Abroad (Specify) _____  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>1 day</b> From : <b>10/19/2020</b> To : <b>10/19/2020</b>	
6. D) COMMUTATION <input type="checkbox"/> Requested <input type="checkbox"/> Not Requested  <div style="text-align: right;">           (Signature of Applicant)       </div>	

#### DETAILS OF ACTION ON APPLICATION

7. A) CERTIFICATION OF LEAVE CREDITS as of _____  <table style="width: 100%;"> <tr> <th style="width: 33%;">Vacation</th> <th style="width: 33%;">Sick</th> <th style="width: 33%;">Total</th> </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: _____
Vacation	Sick	Total								
Days	Days	Days								

**JOSEFINA U. SORIANO**

HRM Officer V  
Human Resource Services Division

**FRANCIS RANDY J. HORTELANO**

Manager, Corporate Planning Department

7. C) APPROVED FOR :

\_\_\_\_\_ days with pay  
 \_\_\_\_\_ days without pay  
 \_\_\_\_\_ Others (specify)

7. D) DISAPPROVED DUE TO:

\_\_\_\_\_  
 \_\_\_\_\_

**ROSANNA M. OLGADO**