



**TOURISM
INFRASTRUCTURE AND
ENTERPRISE
ZONE
AUTHORITY**

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CSC Form 6
Revised 1998

APPLICATION FOR LEAVE

1. DEPARTMENT/DIVISION	2. ID NO.	NAME (Last)	(First)	(Middle)									
COPD		LARANAS	BELINDA	DURAN									
DATE OF FILING	4. POSITION		5. SALARY (Monthly)										
Feb. 9, 2021	Sr. Corplan Specialist		XXXXX										
DETAILS OF APPLICATION													
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"/> Within the Philippines <input type="checkbox"/> Abroad (Specify) _____											
<input type="checkbox"/> Sick <input type="checkbox"/> Maternity <input checked="" type="checkbox"/> Others (Specify) MC #6 _____		2. IN CASE OF SICK LEAVE _____ In hospital (Specify) _____ _____ Out-Patient (Specify) _____											
6. C) NUMBER OF WORKING/CALENDAR DAYS: No. of days Applied : 1 DAY only 09-Feb-21		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 _____		7. B) RECOMMENDATION:											
<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	<input type="checkbox"/> Approval <input type="checkbox"/> Disapproval due to: _____ <div style="text-align: right;">FRANCIS RANDY J. HORTELANO Manager, Corporate Planning Department</div>		
Vacation	Sick	Total											
Days	Days	Days											
7. C) APPROVED FOR: _____ days with pay _____ days without pay		7. D) DISAPPROVED DUE TO: _____ _____											
 JOSEFINA U. SORIANO Manager, Human Resource Services Division													
Date: _____													
PLEASE SEE INSTRUCTIONS AT THE BACK													