



**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)
CORPLAN	0092	LACSON	MA. MERCEDES	CRUZ
3. DATE OF FILING	4. POSITION	5. SALARY (Monthly)		
December 1, 2020	Project Planning & Development Chief			

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"/> Sick		<input type="checkbox"/> Within the Philippines	
<input type="checkbox"/> Maternity		<input type="checkbox"/> Abroad (Specify) _____	
<input checked="" type="checkbox"/> Others (Specify)		2. IN CASE OF SICK LEAVE	
FORCED LEAVE		_____ In hospital (Specify) _____	
6. C) NUMBER OF WORKING/CALENDAR DAYS:		6. D) COMMUTATION	
APPLIED FOR: <u>five (5) days</u>		<input type="checkbox"/> Requested <input checked="" type="checkbox"/> Not Requested	
From: <u>December 10, 15, 17,</u>		<i>mexson</i>	
To: <u>22, & 29, 2020</u>		Signature of Applicant	

DETAILS OF ACTION ON APPLICATION

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		
7. C) APPROVED FOR:			7. D) DISAPPROVED DUE TO:	
_____ days with pay			_____	
_____ days without pay			_____	
_____ Others (Specify)				

ABIGAIL R. PERCELA

HRMO IV, Human Resource Services Division

FRANCIS RANDY J. HORTELANO

Manager, Corporate Planning Department

JOSEFINA U. SORIANO

Manager, Human Resource Services Division
Administrative Services Department

Date: _____

PLEASE SEE INSTRUCTIONS AT THE BACK