



**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)
COPD-SPD	0063	LARANAS	BELINDA	DURAN
3. DATE OF FILING	4. POSITION	5. SALARY (Monthly)		
2-Mar-21	Senior Corplan Specialist			

**DETAILS OF APPLICATION**

<b>6. A) TYPE OF LEAVE</b> <input type="checkbox"/> Vacation Reason: _____  <input type="checkbox"/> Sick <input type="checkbox"/> Maternity <input checked="" type="checkbox"/> Others (Specify) MC # 06	<b>6. B) WHERE LEAVE WILL BE SPENT</b> <b>1. IN CASE OF VACATION LEAVE</b> <input type="checkbox"/> Within the Philippines <input type="checkbox"/> Abroad (Specify) _____  <b>2. IN CASE OF SICK LEAVE</b> In hospital (Specify) _____ Out-Patient (Specify) _____
<b>6. C) NUMBER OF WORKING/CALENDAR DAYS:</b> APPLIED FOR:                   one (1) day From:                             March 2, 2021 To:                                 XXX	<b>6. D) COMMUTATION</b> <input type="checkbox"/> Requested <input type="checkbox"/> Not Requested   Signature of Applicant

**DETAILS OF ACTION ON APPLICATION**

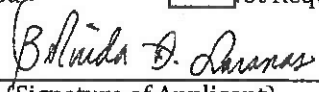

<b>7. A) CERTIFICATION OF LEAVE CREDITS</b> as of _____ <table border="1" style="margin-top: 10px;"><tr><td>Vacation</td><td>Sick</td><td>Total</td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td>Days</td><td>Days</td><td>Days</td></tr></table>  ABIGAIL R. PERCELA HRMO IV, Human Resource Services Division	Vacation	Sick	Total				Days	Days	Days	<b>7. B) RECOMMENDATION:</b> <input type="checkbox"/> Approval <input type="checkbox"/> Disapproval due to: _____   FRANCIS RANDY J. HORTELANO Manager, Corporate Planning Department
Vacation	Sick	Total								
Days	Days	Days								
<b>7. C) APPROVED FOR:</b> _____ days with pay _____ days without pay _____ Others (Specify)	<b>7. D) DISAPPROVED DUE TO:</b> _____ _____									
 JOSEFINA U. SORIANO Manager, Human Resource Services Division Administrative Services Department										

Date: \_\_\_\_\_

**PLEASE SEE INSTRUCTIONS AT THE BACK**

**REPUBLIC OF THE PHILIPPINES**  
**Tourism Infrastructure and Enterprise Zone Authority**  
**Pasay**

**APPLICATION FOR LEAVE**

<b>1. DEPARTMENT/DIVISION</b>	<b>2. ID NO.</b>	<b>NAME (Last)</b>	<b>(First)</b>	<b>(Middle)</b>									
<b>COPD/SPD</b>	<b>63</b>	<b>LARANAS</b>	<b>BELINDA</b>	<b>DURAN</b>									
<b>3. DATE OF FILING</b>	<b>4. POSITION</b>		<b>5. SALARY (Monthly)</b>										
<b>March 3, 2021</b>	<b>SENIOR CORPLAN SPECIALIST</b>												
<b>DETAILS OF APPLICATION</b>													
<b>6. A) TYPE OF LEAVE</b>		<b>6. B) WHERE LEAVE WILL BE SPENT :</b>											
<input type="checkbox"/> Vacation Reason: _____		<b>1. IN CASE OF VACATION LEAVE</b>											
<input type="checkbox"/> Sick		<input type="checkbox"/> Within the Philippines											
<input type="checkbox"/> Maternity/Paternity		<input type="checkbox"/> Abroad (Specify) _____											
<input type="checkbox"/> Others (Specify) _____													
<b>BIRTHDAY LEAVE</b>													
<b>6. C) NUMBER OF WORKING/CALENDAR DAYS:</b>		<b>6. D) COMMUTATION</b>											
APPLIED FOR : <b>1 DAY</b>		<input type="checkbox"/> Requested <input type="checkbox"/> Not Requested											
From : <b>March 4, 2021</b>		 (Signature of Applicant)											
To : _____													
<b>DETAILS OF ACTION ON APPLICATION</b>													
<b>7. A) CERTIFICATION OF LEAVE CREDITS</b>		<b>7. B) RECOMMENDATION</b>											
as of _____		<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	 <b>FRANCIS RANDY J. HORTELANO</b> Manager Corporate Planning Department		
Vacation	Sick	Total											
Days	Days	Days											
<b>ABIGAIL R. PERCELA</b> HRM Officer IV Human Resource Services Division		<b>7. D) DISAPPROVED DUE TO:</b> _____ _____											
<b>7. C) APPROVED FOR :</b>													
_____ days with pay													
_____ days without pay													
_____ Others (specify) _____													
 <b>JOSEFINA U. SORIANO</b> Manager, Human Resource Services Division Administrative Services Department  <b>PLEASE SEE INSTRUCTIONS AT THE BACK</b>													