



CSC Form 6  
Revised 1998

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

**APPLICATION FOR LEAVE**

1. DEPARTMENT/DIVISION	2. ID NO.	NAME (Last)	(First)	(Middle)
<b>COPD</b>	<b>3179</b>	<b>ABANA</b>	<b>MAY ANNE</b>	<b>B.</b>
3. DATE OF FILING	4. POSITION	5. SALARY (Monthly)		
<b>December 22, 2020</b>	<b>Project Planning &amp; Dev't Officer C</b>	<b>P20,754.00</b>		

**DETAILS OF APPLICATION**

6. A) TYPE OF LEAVE <input type="checkbox"/> Vacation Reason: _____  <input type="checkbox"/> Sick <input type="checkbox"/> Maternity/Paternity <input type="checkbox"/> Others (Specify) _____ <b>MC 6</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) _____ 2. IN CASE OF SICK LEAVE _____ In hospital (Specify) _____ _____ Out-Patient (Specify) _____
6. C) NUMBER OF WORKING/CALENDAR DAYS: APPLIED FOR: <b>TWO DAYS</b> From: December 28, 2020 To: December 29, 2020	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>  <b>ABIGAIL R. PERCELA</b> HRMO IV, Human Resource Services Division	Vacation	Sick	Total				Days	Days	Days	7. B) RECOMMENDATION: <input type="checkbox"/> Approval <input type="checkbox"/> Disapproval due to: _____  _____ <b>FRANCIS RANDY J. HORTELANO</b> DEPARTMENT/OFFICE HEAD
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

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

**PLEASE SEE INSTRUCTIONS AT THE BACK**