

APPLICATION FOR LEAVE

1. DEPARTMENT/DIVISION	2. ID NO.	NAME (Last)	(First)	(Middle)
COPD-SPD	3059	DALIDA	SHERRYL	MACARANAS
3. DATE OF FILING	4. POSITION		5. SALARY (Monthly)	
Feb. 26, 2021	Corporate Planning Analyst A		XXX	

**DETAILS OF APPLICATION**

6. A) TYPE OF LEAVE

☐ Vacation  
Reason: \_\_\_\_\_

☐ Sick

☐ Maternity

☒ Others (Specify)  
**Forced Leave**

6. B) WHERE LEAVE WILL BE SPENT

1. IN CASE OF VACATION LEAVE

☐ Within the Philippines

☐ Abroad (Specify) \_\_\_\_\_

2. IN CASE OF SICK LEAVE

\_\_\_\_\_ In hospital (Specify) \_\_\_\_\_

\_\_\_\_\_ Out-Patient (Specify) \_\_\_\_\_

6. C) NUMBER OF WORKING/CALENDAR DAYS:


APPLIED FOR: four (4) days

FROM: **March 1, 2021**

TO: **March 4, 2021**

6. D) COMMUTATION

☐ Requested ☐ Not Requested

  
Signature of Applicant

**DETAILS OF ACTION ON APPLICATION**

7. A) CERTIFICATION OF LEAVE CREDITS

as of \_\_\_\_\_


Vacation	Sick	Total
Days	Days	Days

**ABIGAIL V. PERCELA**  
HRMO V, Human Resource Services Division

7. B) RECOMMENDATION:

☐ Approval

☐ Disapproval due to: \_\_\_\_\_

  
**FRANCIS RANDY J. HORTELANO**  
Manager, Corporate Planning Department

7. C) APPROVED FOR:

\_\_\_\_\_ days with pay

\_\_\_\_\_ days without pay

7. D) DISAPPROVED DUE TO:

\_\_\_\_\_

\_\_\_\_\_

**IOSEFINA U. SORIANO**  
Manager, Human Resource Services Division

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

APPLICATION FOR LEAVE

1. DEPARTMENT/DIVISION	2. ID NO.	NAME (Last)	(First)	(Middle)
COPD-SPD	3059	DALIDA	SHERRYL	MACARANAS
3. DATE OF FILING	4. POSITION			5. SALARY (Monthly)
Feb. 26, 2021	Corporate Planning Analyst A			XXX

**DETAILS OF APPLICATION**

6. A) TYPE OF LEAVE

☒ Vacation  
Reason: will visit my parents  
in the province

☐ Sick

☐ Maternity

☐ Others (Specify) \_\_\_\_\_

6. B) WHERE LEAVE WILL BE SPENT

1. IN CASE OF VACATION LEAVE  
☒ Within the Philippines  
☐ Abroad (Specify) \_\_\_\_\_

2. IN CASE OF SICK LEAVE  
\_\_\_\_\_  
In hospital (Specify) \_\_\_\_\_  
\_\_\_\_\_  
Out-Patient (Specify) \_\_\_\_\_

6. C) NUMBER OF WORKING/CALENDAR DAYS:


APPLIED FOR: two days

FROM: March 8, 2021

TO: March 9, 2021

6. D) COMMUTATION

☐ Requested ☐ Not Requested

  
\_\_\_\_\_  
Signature of Applicant

**DETAILS OF ACTION ON APPLICATION**

7. A) CERTIFICATION OF LEAVE CREDITS


as of \_\_\_\_\_

Vacation	Sick	Total
Days	Days	Days

ABIGAIL V. PERCELA  
HRMO V, Human Resource Services Division

7. B) RECOMMENDATION:

☐ Approval  
☐ Disapproval due to: \_\_\_\_\_

  
FRANCIS RANDY J. HORTELANO  
Manager, Corporate Planning Department

7. C) APPROVED FOR:

\_\_\_\_\_  
days with pay

\_\_\_\_\_  
days without pay

7. D) DISAPPROVED DUE TO:

\_\_\_\_\_

\_\_\_\_\_

JOSEFINA U. SORIANO  
Manager, Human Resource Services Division

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