
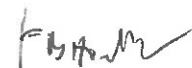


APPLICATION FOR LEAVE

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)
6-Jan-21	Corporate Planning Analyst A			

DETAILS OF APPLICATION	
<p>6. A) TYPE OF LEAVE</p> <p><input type="checkbox"/> Vacation <input type="checkbox"/> Reason: _____</p> <p><input type="checkbox"/> Sick <input type="checkbox"/> Maternity <input checked="" type="checkbox"/> Others (Specify) MC6</p> <p>6. C) NUMBER OF WORKING/CALENDAR DAYS: APPLIED FOR: 3 days FROM: January 7, 14 and 21, 2021 TO: XXXXXXXX</p>	<p>6. B) WHERE LEAVE WILL BE SPENT</p> <p>1. IN CASE OF VACATION LEAVE <input type="checkbox"/> Within the Philippines <input type="checkbox"/> Abroad (Specify) _____</p> <p>2. IN CASE OF SICK LEAVE _____ In hospital (Specify) _____ _____ Out-Patient (Specify) _____</p> <p>6. D) COMMUTATION <input type="checkbox"/> Requested <input type="checkbox"/> Not Requested</p> <p style="text-align: center;"> _____ Signature of Applicant</p>

DETAILS OF ACTION ON APPLICATION										
<p>7. A) CERTIFICATION OF LEAVE CREDITS as of _____</p> <table border="1" style="width:100%; border-collapse: collapse; margin: 10px 0;"> <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> <p style="text-align: center;">ABIGAIL V. PERCELA _____ HRMO V, Human Resource Services Division</p> <p>7. C) APPROVED FOR: _____ days with pay _____ days without pay</p>	Vacation	Sick	Total				Days	Days	Days	<p>7. B) RECOMMENDATION: <input type="checkbox"/> Approval <input type="checkbox"/> Disapproval due to: _____</p> <p style="text-align: center;"> _____ FRANCIS RANDY J. HORTELANO Manager, Corporate Planning Department</p> <p>7. D) DISAPPROVED DUE TO: _____ _____</p> <p style="text-align: center;">JOSEFINA U. SORIANO _____ Manager, Human Resource Services Division</p>
Vacation	Sick	Total								
Days	Days	Days								

Date: _____

PLEASE SEE INSTRUCTIONS AT THE BACK