CSC Form 6
Revised 1998

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)
3-Feb-21	**Corporate Planning Analyst A**		

DETAILS OF APPLICATION

6. A) TYPE OF LEAVE

| | Vacation |
| | Reason: _____ |

_____

X	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) _____ |

| **x** | Out-Patient (Specify) _____ |
colds, sore throat, cough

6. C) NUMBER OF WORKING/CALENDAR DAYS:
APPLIED FOR: **one day**
FROM: **February 3, 2021**
TO: XXXXXXXX

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. C) APPROVED FOR:
_____ days with pay
_____ days without pay

7. B) RECOMMENDATION:

| | Approval |
| | Disapproval due to: |

_____

FRANCIS RANDY J. HORTELANO
Manager, Corporate Planning Department

7. D) DISAPPROVED DUE TO:

_____
_____

JOSEFINA U. SORIANO
Manager, Human Resource Services Division

Date: _____

PLEASE SEE INSTRUCTIONS AT THE BACK