
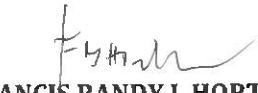



1. DEPARTMENT/DIVISION	2. ID NO.	NAME (Last)	(First)	(Middle)									
<b>COPD/M&amp;E</b>	<b>3060</b>	<b>SALON</b>	<b>MA. KRISTINA</b>	<b>E.</b>									
3. DATE OF FILING	4. POSITION		5. SALARY (Monthly)										
<b>December 14, 2020</b>	<b>PPDO A</b>		<b>XXXXXX</b>										
<b>DETAILS OF APPLICATION</b>													
6. A) TYPE OF LEAVE		6. B) WHERE LEAVE WILL BE SPENT :											
<input type="checkbox"/> Vacation Reason: _____  <input type="checkbox"/> Sick <input type="checkbox"/> Maternity/Paternity <input checked="" type="checkbox"/> Others (Specify) _____ MC # 6 _____		1. IN CASE OF VACATION LEAVE <input type="checkbox"/> Within the Philippines <input type="checkbox"/> Abroad (Specify) _____  IN CASE OF SICK LEAVE <input type="checkbox"/> In Hospital (Specify) _____  <input type="checkbox"/> Out-Patient (Specify) _____											
6. C) NUMBER OF WORKING/CALENDAR DAYS: APPLIED FOR : <b>1 (One Day)</b> From : <b>December 16, 2020</b> To : <b>XXX</b>		6. D) COMMUTATION <input type="checkbox"/> Requested <input type="checkbox"/> Not Requested  <div style="text-align: right;">   (Signature of Applicant) </div>											
<b>DETAILS OF ACTION ON APPLICATION</b>													
7. A) CERTIFICATION OF LEAVE CREDITS as of _____		7. B) RECOMMENDATION											
<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	<input type="checkbox"/> Approval _____ <input type="checkbox"/> Disapproval due to: _____  <div style="text-align: right;">   <b>FRANCIS RANDY J. HORTELANO</b>  Manager  Corporate Planning Department </div>		
Vacation	Sick	Total											
Days	Days	Days											
7. C) APPROVED FOR:		7. D) DISAPPROVED DUE TO:											
_____ days with pay _____ days without pay _____ Others (specify) _____		_____ _____											
<b>JOSEFINA U. SORIANO</b> Manager, Human Resource Services Division Administrative Services Department													
Date :													
<b>PLEASE SEE INSTRUCTIONS AT THE BACK</b>													


**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/M&amp;E</b>	<b>3060</b>	<b>SALON</b>	<b>MA. KRISTINA</b>	<b>E.</b>						
<b>3. DATE OF FILING</b>	<b>4. POSITION</b>		<b>5. SALARY (Monthly)</b>							
<b>December 14, 2020</b>	<b>PPDO A</b>		<b>XXXXX</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: _____		<input type="checkbox"/> Within the Philippines								
<input type="checkbox"/> Sick		<input type="checkbox"/> Abroad (Specify) _____								
<input type="checkbox"/> Maternity/Paternity		<b>IN CASE OF SICK LEAVE</b>								
<input checked="" type="checkbox"/> Others (Specify) <b>Forced Leave</b>		<input type="checkbox"/> In Hospital (Specify) _____								
		<input type="checkbox"/> Out-Patient (Specify) _____								
<b>6. C) NUMBER OF WORKING/CALENDAR DAYS:</b>		<b>6. D) COMMUTATION</b>								
APPLIED FOR : <b>1 (One Day)</b>		<input type="checkbox"/> Requested <input type="checkbox"/> Not Requested								
From : <b>December 17, 2020</b>										
To : <b>XXX</b>										
<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>Days</td><td>Days</td><td>Days</td></tr></tbody></table>		Vacation	Sick	Total	Days	Days	Days			
Vacation	Sick	Total								
Days	Days	Days								
<b>ABIGAIL R. PERCELA</b> HRM Officer IV Human Resource Services Division		 <b>FRANCIS RANDY J. HORTELANO</b> Manager Corporate Planning Department								
<b>7. C) APPROVED FOR :</b>		<b>7. D) DISAPPROVED DUE TO:</b>								
_____ days with pay		_____								
_____ days without pay		_____								
_____ Others (specify )										
<b>JOSEFINA U. SORIANO</b> Manager, Human Resource Services Division Administrative Services Department										
Date : _____										
<b>PLEASE SEE INSTRUCTIONS AT THE BACK</b>										

**REPUBLIC OF THE PHILIPPINES**  
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**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/M&amp;E</b>	<b>3060</b>	<b>SALON</b>	<b>MA. KRISTINA</b>	<b>E.</b>									
<b>3. DATE OF FILING</b>	<b>4. POSITION</b>		<b>5. SALARY (Monthly)</b>										
<b>December 14, 2020</b>	<b>PPDO A</b>		<b>XXXXX</b>										
<b>DETAILS OF APPLICATION</b>													
<b>6. A) TYPE OF LEAVE</b>		<b>6. B) WHERE LEAVE WILL BE SPENT :</b>											
<input checked="" type="checkbox"/> Vacation		<b>1. IN CASE OF VACATION LEAVE</b>											
Reason: _____		<input type="checkbox"/> Within the Philippines											
<input type="checkbox"/> Sick		<input type="checkbox"/> Abroad (Specify) _____											
<input type="checkbox"/> Maternity/Paternity		<b>IN CASE OF SICK LEAVE</b>											
<input type="checkbox"/> Others (Specify) _____		<input type="checkbox"/> In Hospital (Specify) _____											
		<input type="checkbox"/> Out-Patient (Specify) _____											
<b>6. C) NUMBER OF WORKING/CALENDAR DAYS:</b>		<b>6. D) COMMUTATION</b>											
APPLIED FOR : <b>5 (Five Days)</b>		<input type="checkbox"/> Requested <input type="checkbox"/> Not Requested											
From : <b>December 21, 22, 23, 28 &amp; 29, 2020</b>													
To : <b>XXX</b>													
(Signature of Applicant)													
<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;"><tr><td style="width: 33%;"><b>Vacation</b></td><td style="width: 33%;"><b>Sick</b></td><td style="width: 33%;"><b>Total</b></td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td><b>Days</b></td><td><b>Days</b></td><td><b>Days</b></td></tr></table>		<b>Vacation</b>	<b>Sick</b>	<b>Total</b>				<b>Days</b>	<b>Days</b>	<b>Days</b>			
<b>Vacation</b>	<b>Sick</b>	<b>Total</b>											
<b>Days</b>	<b>Days</b>	<b>Days</b>											
<b>ABIGAIL R. PERCELA</b> HRM Officer IV Human Resource Services Division		 <b>FRANCIS RANDY J. HORTELANO</b> Manager Corporate Planning Department											
<b>7. C) APPROVED FOR :</b>		<b>7. D) DISAPPROVED DUE TO:</b>											
_____ days with pay		_____											
_____ days without pay		_____											
_____ Others (specify) _____													
<b>JOSEFINA U. SORIANO</b> Manager, Human Resource Services Division Administrative Services Department													
Date : _____													
<b>PLEASE SEE INSTRUCTIONS AT THE BACK</b>													