



**TOURISM
INFRASTRUCTURE AND
ENTERPRISE
ZONE
AUTHORITY**

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CSC Form 6
Revised 1998

APPLICATION FOR LEAVE

1. DEPARTMENT/ DIVISION	2. ID NO.	NAME (Last)	(First)	(Middle)
Corporate Planning Dept.	3057	BASTO	EZRA NICOLE	CUDAL
3. DATE OF FILING	4. POSITION	5. SALARY (Monthly)		
28-Nov-20	Corporate Planning Analyst A			

DETAILS OF APPLICATION

6. A) TYPE OF LEAVE		6. B) WHERE LEAVE WILL BE SPENT	
<input type="checkbox"/> Vacation	Reason:	1. IN CASE OF VACATION LEAVE	
		<input type="checkbox"/> Within the Philippines	
		<input type="checkbox"/> Abroad (Specify)	
<input type="checkbox"/> Sick		2. IN CASE OF SICK LEAVE	
<input type="checkbox"/> Maternity		In hospital (Specify)	
<input type="checkbox"/> Others (Specify)		Out-Patient (Specify)	
MC6			
6. C) NUMBER OF WORKING/ CALENDAR DAYS		6. D) COMMUTATION	
APPLIED FOR 2			
From: 01-Dec-20			
To: and 15-Dec-20		sted	

DETAILS OF ACTION ON APPLICATION

7. A) CERTIFICATION OF LEAVE CREDITS			7. B) RECOMMENDATION:	
as of			<input type="checkbox"/> Approval	
			<input type="checkbox"/> Disapproval due to:	
Vacation	Sick	Total		
Days	Days	Days		
ABIGAIL R. PERCELA			FRANCIS RANDY J. HORTELANO	
HRMO IV			(OIC, Department/ Office Head)	
7. C) APPROVED FOR			7. D) DISAPPROVED DUE TO:	
_____ days with pay				
_____ days without pay				

JOSEFINA U. SORIANO
Manager, Human Resource Services Division

Date:

PLEASE SEE INSTRUCTIONS AT THE BACK