

TOURISM INFRASTRUCTURE AND ENTERPRISE ZONE AUTHORITY

6th & 7th Floors, Tower 1
DoubleDragon Plaza
DD Meridian Park
Macapagal Avenue corner
EDSA Extension
1302 Bay Area, Pasay City

CSC Form 6 Revised 1998

APPLICATION FOR LEAVE

1. DEPARTMENT/DIVISION			2. ID NO.	NAME (Last)	(First))	(Middle)				
Corporate Planning Dept.			917	LEJANO	ME	LODY	RAYO				
3. DATE OF FILING			4. POSITION			5. SALARY	(Monthly)				
December 16, 2020				t Planning and Develop			XXXXX				
DETAILS OF APPLICATION											
6. A) TYPE OF LEAVE 6. B) WHERE LEAVE WILL BE SPENT											
	Vacation			1	. IN CASE OF VACAT	TION LEAVE					
Reason:						hin the Philippines					
					Abroad (S	pecify)					
	Sick			2	. IN CASE OF SICK L	EAVE					
Maternity				In hospital							
XX	Others (Spe	-									
Forced Leav			re	_	Out~Patier	nt (Specify)					
ſ		RKING/CA	ALENDAR DAY		MMUTATION						
	IED FOR:		Four (4) days		Requested	Not I	Requested				
From: Dec. 21, 22, 23 & 28, 2020											
To: xxxxxxxxxx					Signature of Applicant						
7. A) CERTIFICATION OF LEAVE CREDITS 7. B) RECOMMENDATION:											
	IFICATION (OF LEAVE	CKEDIIS	(, B) KEC	OMMENDATION:						
as of					Approval Disapprov	ral due to:					
	Vacation	Sick	Total		ызаррю	ai auc io.					
	* cicciton	SICK	10.61								
	Days	Days	Days		,						
	A DIZ	CATE D DE	OTI A		W/TU	hulm					
נוטא		GAIL R. PE	FRANCIS RAND								
		an Kesouic	e Services Div		Manager, Corpor		з Берс.				
7. C) APPROVED FOR: 7. D) DISAPPROVED DUE TO:											
-	_ days with _ days with			_							
	_ cays with _ Others (_							
	_ = = = = = = = = = = = = = = = = = = =	opeony,									
JOSEFINA U. SORIANO											
Manager, Human Resource Services Division											
Date: Administrative Services Department											
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	PLEASE SEE INSTRUCTIONS AT THE BACK										





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December 16, 2020		lanning and Development (XXXXX						
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6. A) TYPE OF LEAVE 6. B) WHERE LEAVE WILL BE SPENT										
vacation Vacation		1. IN C	ASE OF VACATION LEAV	E						
Reason:		hin the Philippines								
			Abroad (Specify)							
Sick		2. IN C.	ASE OF SICK LEAVE							
Maternity		In hospital (Specify)								
Others (Specify)										
			Out-Patient (Specify)							
6. C) NUMBER OF WORKING/CA	I ENIDAD DAVO	C D) COMMIT	TATTONI							
APPLIED FOR:	One (1) day			Requested						
	cember. 29, 202		RequestedNot	Requested						
To:	xxxxxxxxxx		Attorne)							
			Signature of Applicar	nt .						
DETAILS OF ACTION ON APPLICATION										
7. A) CERTIFICATION OF LEAVE CREDITS 7. B) RECOMMENDATION:										
as of		7. D) IEEEIVIIVI	Approval							
			Disapproval due to:							
Vacation Sick	Total	L								
Days Days	Days									
			Fyrida							
ABIGAIL R. PEI	RCELA	₩ _{FR}	ANCIS RANDY I. HORT	FLANO						
HRMO IV, Human Resourc	e Services Divisi	on Ma	nager, Corporate Plannii							
7. C) APPROVED FOR:		7. D) DISAPPRO		•						
days with pay										
days without pay			·-·-	_						
Others (Specify)				_						
JOSEFINA U. SORIANO										
Manager, Human Resource Services Division										
Date: Administrative Services Department										
PLEASE SEE INSTRUCTIONS AT THE BACK										

