

**Municipal Government of Balingasag**

Balingasag, Misamis Oriental

**APPLICATION FOR LEAVE**

|  |   |
|--|---|
| 1. OFFICE/DEPARTMENT<br><b>Finance</b> | 2. NAME (Last, First, Middle)<br><b>Rodrigo, Liezel E</b> |
|--|---|

|   |                                  |                           |
|---|----------------------------------|---------------------------|
| 3. DATE OF FILING<br><b>November 11, 2025</b> | 4. POSITION<br><b>Accountant</b> | 5. SALARY<br><b>P0.00</b> |
|---|----------------------------------|---------------------------|

**6. DETAILS OF APPLICATION**

6.A TYPE OF LEAVE TO BE AVAILED OF

 **Sick Leave**

6.B DETAILS OF LEAVE

 **In Hospital**  
 **Out Patient: cough**

6.C NUMBER OF WORKING DAYS APPLIED FOR

**6 day(s)**

INCLUSIVE DATES

**2025-11-11 to 2025-11-18**

6.D COMMUTATION

 **Not Requested**  **Requested**

REASON FOR LEAVE

**cough****7. DETAILS OF ACTION ON APPLICATION**

7.A CERTIFICATION OF LEAVE CREDITS

|                              | Vacation Leave | Sick Leave |
|------------------------------|----------------|------------|
| <b>Total Earned</b>          | ...            | ...        |
| <b>Less this Application</b> | ...            | ...        |
| <b>Balance</b>               | ...            | ...        |

7.B RECOMMENDATION

 **For approval**  
 **For disapproval due to...****(signature)**

Authorized Officer

7.C APPROVED FOR:

 Approved  Rejected

7.D DISAPPROVED DUE TO:

**(signature)**

Authorized Official