

Republic of the Philippines

APPLICATION FOR LEAVE

1. OFFICE/DEPARTMENT <u>Office 1</u>	2. NAME : (Last) (First) (Middle) <u>Kennedy, Keegan Bradley Mullins</u>													
3. DATE OF FILING: <u>2024-10-11</u> 4. POSITION: <u>Position 1</u> 5. SALARY: <u>0.00</u>														
6. DETAILS OF APPLICATION														
<div style="display: flex;"><div style="flex: 1; padding: 5px;">6.A TYPE OF LEAVE TO BE AVAILED OF <div style="margin-top: 5px;"><input checked="" type="checkbox"/> Vacation Leave <input type="checkbox"/> Mandatory/Forced Leave <input type="checkbox"/> Sick Leave <input type="checkbox"/> Maternity Leave <input type="checkbox"/> Paternity Leave <input type="checkbox"/> Special Privilege Leave <input type="checkbox"/> Solo Parent Leave <input type="checkbox"/> Study Leave <input type="checkbox"/> 10-Day VAWC Leave <input type="checkbox"/> Rehabilitation Privilege <input type="checkbox"/> Special Leave Benefits for Women <input type="checkbox"/> Special Emergency (Calamity) Leave <input type="checkbox"/> Adoption Leave <input type="checkbox"/> CTO Leave Others: _____</div></div><div style="flex: 1; padding: 5px;">6.B DETAILS OF LEAVE <div style="margin-top: 5px;"><i>In case of Vacation/Special Privilege Leave:</i> <input type="checkbox"/> Within the Philippines: _____ <input type="checkbox"/> Abroad (Specify): _____ <i>In case of Sick Leave:</i> <input type="checkbox"/> In Hospital (Special Illness): _____ <input type="checkbox"/> Out Patient (Special Illness): _____ <i>In case of Special Leave Benefits for Women:</i> <input type="checkbox"/> (Special Illness): _____ <i>In case of Study Leave:</i> <input type="checkbox"/> Completion of Master's Degree <input type="checkbox"/> BAR/Board Examination Review <i>Other Purpose:</i> <input type="checkbox"/> Monetization of Leave Credits <input checked="" type="checkbox"/> Terminal Leave</div></div></div>														
6.C NUMBER OF WORKING DAYS APPLIED FOR <u>1</u> INCLUSIVE DATES <u>2024-10-16</u>		6.D COMMUTATION <input checked="" type="checkbox"/> Requested <input type="checkbox"/> Not Requested <div style="text-align: center; color: red; font-weight: bold; margin-top: 10px;">Please upload your e-sign</div> <div style="text-align: center; margin-top: 10px;"><u>Keegan Bradley Mullins Kennedy</u> (Signature of Applicant)</div>												
7. DETAILS OF ACTION ON APPLICATION														
7.A CERTIFICATION OF LEAVE CREDITS <div style="margin-top: 20px;">As of <u>2024-10-11</u></div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"><thead><tr><th></th><th>Vacation Leave</th><th>Sick Leave</th></tr></thead><tbody><tr><td><i>Total Earned</i></td><td>22.417</td><td>22.417</td></tr><tr><td><i>Less this application</i></td><td>7.860</td><td>18.000</td></tr><tr><td><i>Balance</i></td><td>14.557</td><td>4.417</td></tr></tbody></table> <div style="text-align: center; margin-top: 20px;">_____ N/A (Authorized Officer)</div>			Vacation Leave	Sick Leave	<i>Total Earned</i>	22.417	22.417	<i>Less this application</i>	7.860	18.000	<i>Balance</i>	14.557	4.417	7.B RECOMMENDATION <div style="margin-top: 5px;"><input type="checkbox"/> For approval <input type="checkbox"/> For disapproval due to: _____</div> <div style="text-align: center; margin-top: 20px;">_____ N/A (Authorized Officer)</div>
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<div style="display: flex; justify-content: space-between;"><div style="width: 45%;">7.C APPROVED FOR: _____ days with pay _____ days without pay Others (Specify): _____ _____</div><div style="width: 45%;">7.D DISAPPROVED DUE TO: _____ <div style="text-align: center; margin-top: 20px;">_____ N/A (Authorized Official)</div></div></div>														