

Republic of the Philippines
(Agency Name)
(Agency Address)

APPLICATION FOR LEAVE

1. OFFICE/DEPARTMENT <u>Office 1</u>	2. NAME : (First) (Middle) (Last) <u>Garth Hanae Silva Gray</u>												
3. DATE OF FILING: <u>2024-08-24</u>	4. POSITION: <u>Position 1</u> 5. SALARY: <u>13000.00</u>												
6. DETAILS OF APPLICATION													
6.A TYPE OF LEAVE TO BE AVAILED OF <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 Others: _____	6.B DETAILS OF LEAVE <i>In case of Vacation/Special Privilege Leave:</i> <input checked="" type="checkbox"/> Within the Philippines: <u>wewe</u> <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 type="checkbox"/> Terminal Leave												
6.C NUMBER OF WORKING DAYS APPLIED FOR <u>1</u> INCLUSIVE DATES <u>0001-11-11</u>	6.D COMMUTATION <input type="checkbox"/> Requested <input checked="" type="checkbox"/> Not Requested												
7. DETAILS OF ACTION ON APPLICATION													
7.A CERTIFICATION OF LEAVE CREDITS As of <u>2024-08-24</u> <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>Claimable Credits</i></td><td style="text-align: center;">0.416</td><td style="text-align: center;">3.208</td></tr><tr><td><i>Claimed Credits</i></td><td style="text-align: center;">2.792</td><td style="text-align: center;">5.000</td></tr><tr><td><i>Total Credits</i></td><td style="text-align: center;">8.208</td><td style="text-align: center;">11.208</td></tr></tbody></table> <div style="text-align: center; margin-top: 20px;">_____ (Authorized Officer)</div>		Vacation Leave	Sick Leave	<i>Claimable Credits</i>	0.416	3.208	<i>Claimed Credits</i>	2.792	5.000	<i>Total Credits</i>	8.208	11.208	7.B RECOMMENDATION <input checked="" type="checkbox"/> For approval <input type="checkbox"/> For disapproval due to: _____ <div style="text-align: center; margin-top: 20px;">_____ (Authorized Officer)</div>
	Vacation Leave	Sick Leave											
<i>Claimable Credits</i>	0.416	3.208											
<i>Claimed Credits</i>	2.792	5.000											
<i>Total Credits</i>	8.208	11.208											
7.C APPROVED FOR: _____ days with pay <u>1</u> days without pay Others (Specify): _____	7.D DISAPPROVED DUE TO: _____ <div style="text-align: center; margin-top: 20px;">_____ (Authorized Official)</div>												