



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

Stamp of Date of Receipt

## APPLICATION FOR LEAVE

1. OFFICE/DEPARTMENT _____	2. NAME : (Last) _____ (First) _____ (Middle) _____													
3. DATE OF FILING _____	4. POSITION _____	5. SALARY _____												
<b>6. DETAILS OF APPLICATION</b>														
<b>6.A TYPE OF LEAVE TO BE AVAILED OF</b>  <input type="checkbox"/> Vacation Leave (Sec. 51, Rule XVI, Omnibus Rules Implementing E.O. No. 292) <input type="checkbox"/> Mandatory/Forced Leave (Sec. 25, Rule XVI, Omnibus Rules Implementing E.O. No. 292) <input type="checkbox"/> Sick Leave (Sec. 43, Rule XVI, Omnibus Rules Implementing E.O. No. 292) <input type="checkbox"/> Maternity Leave (R.A. No. 11210 / IRR issued by CSC, DOLE and SSS) <input type="checkbox"/> Paternity Leave (R.A. No. 8187 / CSC MC No. 71, s. 1998, as amended) <input type="checkbox"/> Special Privilege Leave (Sec. 21, Rule XVI, Omnibus Rules Implementing E.O. No. 292) <input type="checkbox"/> Solo Parent Leave (RA No. 8972 / CSC MC No. 8, s. 2004) <input type="checkbox"/> Study Leave (Sec. 68, Rule XVI, Omnibus Rules Implementing E.O. No. 292) <input type="checkbox"/> 10-Day VAWC Leave (RA No. 9262 / CSC MC No. 15, s. 2005) <input type="checkbox"/> Rehabilitation Privilege (Sec. 55, Rule XVI, Omnibus Rules Implementing E.O. No. 292) <input type="checkbox"/> Special Leave Benefits for Women (RA No. 9710 / CSC MC No. 25, s. 2010) <input type="checkbox"/> Special Emergency (Calamity) Leave (CSC MC No. 2, s. 2012, as amended) <input type="checkbox"/> Adoption Leave (R.A. No. 8552)  <i>Others:</i> _____	<b>6.B DETAILS OF LEAVE</b>  <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 (Specify Illness) _____ <input type="checkbox"/> Out Patient (Specify Illness) _____ _____  <i>In case of Special Leave Benefits for Women:</i> (Specify 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													
<b>6.C NUMBER OF WORKING DAYS APPLIED FOR</b>  _____  INCLUSIVE DATES  _____	<b>6.D COMMUTATION</b>  <input type="checkbox"/> Not Requested <input type="checkbox"/> Requested  _____ (Signature of Applicant)													
<b>7. DETAILS OF ACTION ON APPLICATION</b>														
<b>7.A CERTIFICATION OF LEAVE CREDITS</b>  As of _____ <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"><tr><td style="width: 30%;"></td><td style="width: 35%; text-align: center;">Vacation Leave</td><td style="width: 35%; text-align: center;">Sick Leave</td></tr><tr><td style="text-align: center;">Total Earned</td><td></td><td></td></tr><tr><td style="text-align: center;">Less this application</td><td></td><td></td></tr><tr><td style="text-align: center;">Balance</td><td></td><td></td></tr></table>  _____ (Authorized Officer)		Vacation Leave	Sick Leave	Total Earned			Less this application			Balance			<b>7.B RECOMMENDATION</b>  <input type="checkbox"/> For approval <input type="checkbox"/> For disapproval due to _____ _____ _____ _____  _____ (Authorized Officer)	
	Vacation Leave	Sick Leave												
Total Earned														
Less this application														
Balance														
<b>7.C APPROVED FOR:</b>  _____ days with pay _____ days without pay _____ others (Specify)         _____ (Authorized Official)	<b>7.D DISAPPROVED DUE TO:</b>  _____ _____ _____         _____ (Authorized Official)													