

APPLICATION FOR LEAVE

1. OFFICE/AGENCY	2. NAME (Last)	(First)	(M.I.)
HRMO	ARCEGONO	WENIFREDA	J.

2. DATE OF FILING	4. POSITION	5. SALARY (Monthly)
July 07, 2011	CG Asst. DH (Asst. City Personnel Offic	P 34,516.00

6. TYPE OF LEAVE	6.(a) WHERE LEAVE WILL BE SPENT:
<input type="checkbox"/> Vacation Leave	(1) IN CASE OF VACATION LEAVE
<input type="checkbox"/> To seek employment	<input type="checkbox"/> Within the Philippines
<input type="checkbox"/> Others (Specify) _____	<input type="checkbox"/> Abroad (Specify) _____
<input checked="" type="checkbox"/> Sick	(2) IN CASE OF SICK LEAVE
<input type="checkbox"/> Maternity	<input type="checkbox"/> In Hospital (Specify) _____
<input type="checkbox"/> Others (Specify) _____	<input type="checkbox"/> Out Patient (Specify) _____

6. b) NUMBER OF WORKING DAYS APPLIED FOR	6. c) COMMUTATION
1 day	<input type="checkbox"/> Requested <input type="checkbox"/> Not Requested
INCLUSIVE: _____	
July 4, 2011	

(Signature of Applicant)

DETAILS OF APPLICATION

7. a) CERTIFICATION OF LEAVE CREDITS
As of June 30, 2011

Vacation	Sick	Total
11.288	11.667	22.955
DAYS	DAYS	DAYS

7. b) RECOMMENDATION

☐ Approved
☐ Disapproved due to

WENIFREDA J. ARCEGONO
CG Assistant Dept. Head II

(Authorized Officer)

7. c) APPROVED FOR

_____ days with pay
_____ days without pay
_____ Others (Specify)

7. d) DISAPPROVED DUE TO

BY AUTHORITY OF THE CITY MAYOR:

(Signature)

(Authorized Official)

DATE: _____
(PLEASE SEE INSTRUCTION AT THE BACK)