

CSC Form No. 6
Revised 1986

ID No.

APPLICATION FOR LEAVE

1. OFFICE/AGENCY

2. NAME (Last)

(First)

(M.I.)

2. DATE OF FILING

4. POSITION

5. SALARY (Monthly)

6. TYPE OF LEAVE

6.(a) WHERE LEAVE WILL BE SPENT:

☐ Vacation Leave

☐ To seek employment

☐ Others (Specify)

(1) IN CASE OF VACATION LEAVE

☐ Within the Philippines

☐ Abroad (Specify)

☐ Sick

☐ Maternity

☐ Others (Specify)

(2) IN CASE OF SICK LEAVE

☐ In Hospital (Specify)

☐ Out Patient (Specify)

6. b) NUMBER OF WORKING DAYS APPLIED FOR

6. c) COMMUTATION

INCLUSIVE:

☐ Requested ☐ Not Requested

(Signature of Applicant)

DETAILS OF APPLICATION

7. a) CERTIFICATION OF LEAVE CREDITS

7. b) RECOMMENDATION

As of

Vacation	Sick	Total
DAYS	DAYS	DAYS

☐ Approved

☐ Disapproved due to

(Authorized Officer)

7. c) APPROVED FOR

7. d) DISAPPROVED DUE TO

days with pay

days without pay

Others (Specify)

(Signature)

(Authorized Official)

DATE:

(PLEASE SEE INSTRUCTION AT THE BACK)

EFFECTIVE APRIL 1, 1985 as per CSC Office Circular No. 1 s. 1985.