

## APPLICATION FOR LEAVE

<b>1. OFFICE/AGENCY</b> Office of the City Personnel Officer	<b>2. NAME (Last)</b> ARCEGONO	<b>(First)</b> WENIFREDA	<b>(M.I.)</b> J.
<b>2. DATE OF FILING</b> January 17, 2011	<b>4. POSITION</b> CG Asst. DH (Asst. City Personnel Officer	<b>5. SALARY (Monthly)</b> P 34,516.00	
<b>6. TYPE OF LEAVE</b>		<b>6.(a) WHERE LEAVE WILL BE SPENT:</b>	
<input type="checkbox"/> Vacation Leave <input type="checkbox"/> To seek employment <input type="checkbox"/> Others (Specify) _____ _____		<input type="checkbox"/> Within the Philippines <input type="checkbox"/> Abroad (Specify) _____ _____	
<input checked="" type="checkbox"/> Sick <input type="checkbox"/> Maternity <input type="checkbox"/> Others (Specify) _____ _____		<input type="checkbox"/> In Hospital (Specify) _____ <input type="checkbox"/> Out Patient (Specify) _____ _____	
<b>6. b) NUMBER OF WORKING DAYS APPLIED FOR</b>		<b>6. c) COMMUTATION</b>	
<b>23 days</b> <b>INCLUSIVE:</b> _____ January 5, 2011		<input type="checkbox"/> Requested <input type="checkbox"/> Not Requested	
		_____ <i>(Signature of Applicant)</i>	

## DETAILS OF APPLICATION

7. a) **CERTIFICATION OF LEAVE CREDITS**  
As of **January 15, 2011**

Vacation	Sick	Total
<b>7.572</b>	<b>4.792</b>	<b>12.364</b>
<i>DAYS</i>	<i>DAYS</i>	<i>DAYS</i>

## 7. b) **RECOMMENDATION**

- ☐ Approved
- ☐ Disapproved due to

**WENIFREDA J. ARCEGONO**

CG Assistant Dept. Head II

**7. c) APPROVED FOR**

\_\_\_\_\_ days with pay  
 \_\_\_\_\_ days without pay  
 \_\_\_\_\_ Others (Specify)

BY AUTHORITY OF THE CITY MAYOR:

7. d) **DISAPPROVED DUE TO**

*(Signature)*

*(Authorized Official)*

DATE:

(PLEASE SEE INSTRUCTION AT THE BACK)