	APPLICATION	FOR	LEAVE
CSC FORM NO. 6 Revised 1981			
1. OFFICE/AGENCY		2. NAME	(Lastname) (Firstname) (M.I.)
3. DATE OF FILING	4. POSITION		5. MONTHLY SALARY
6. a. TYPE OF LEAVE		6. b. WH	ERE LEAVE WILL BE SPENT
Vacation		(1)	IN CASE OF VACATION LEAVE
To seek employment			Within the Philippines
Others (specify)			Abroad (Specify)
Sick		(2)	IN CASE OF SICK LEAVE
Maternity Others (specify)			In Hospital (specify)
6. c. NUMBER OF WORKING	DAYS APPLIED		Out Patient (specify)
FOR:		6. d. CON	MMUTATION
INCLUSIVE DATES :			Requested
			Not Requested
			(Signature of Applicant)
	DETAILS OF ACTION	ON APPLIC	CATION
7. a. CERTIFICATION OF LEAVE CREDITS		l —	OMMENDATION
as o <u>f</u>		Approval Disapproved due to	
VL SL TOTAL			sapproved due to
dava	daya		
days days	days		
7. c. APPROVED FOR		7. d. DISAPPROVED DUE TO	
days with pay days without pay			
others (specify)			
CARMENCITA O. REYES  Governor			