CCC Farma Na C						Hackii	ig no: 5
CSC Form No. 6 Revised 1986			ID No. 004002				
		APPLIC	CATION F	OR LE			
1. OFFICE/AC	GENCY		2 NAI	MF (I =	nst)	(First)	(M.I
HRMO		2. NAME (La ARCEGONO			-	VIFREDA	J.
2. DATE OF F	TI TNC	4. POSITION					
_	_	CG Asst. DH (Asst. City Per		5. SALARY (Monthly) sonnel Offic P 34,516.00			
July 07, 20		ISSI. DII	•				
6. TYPE OF L	EAVE		(6.(a) (1)			_
☐ Vacatio	on Leave				Within the Phi		LAVL
	k employment						
U Others	(Specify)				Abroad (Speci	fy)	
X Sick				(2)	IN CASE OF S	ICK LEAVE	
Matern	•				In Hospital (S	pecify)	
U Otners	(Specify)				Out Patient (S	necify)	
						peen y)	
6. b) NUMB	ER OF WORKING D	AYS APPL		- \			
1 day				6. c)	COMMUTATI Requested [Not Requested
	JSIVE:				Requested		Not requested
	July 4, 2011						
					(Signatu	re of Applic	cant)
					, ,	re or rippine	ancy
		DETA	ILS OF AP	PLICA	ATION		
7. a) CERT	FICATION OF LEA	AVE CREI	DITS	7. b)	RECOMMEN	DATION	
	30, 2011				Approved		
.,	6: 1	-			Disapproved of	lue to	
Vacation	Sick	Total					
11.288	11.667	22.955					
DAYS	DAYS	DAYS					
WENIFREDA J. ARCEG CG Assistant Dept. Head					(Authorized Officer)		
CG /	Assistant Dept. Hea	<i>a 11</i>			(Αυτπο	orizea Omice	er)
7. c) APPR	OVED FOR			7. d)	DISAPPROV	ED DUE TO)
	ith pay						
	vithout pay (Specify) BY	ΔI ITHORT	TY OF THE	CITY N	ΜΔΥ <u>Ω</u> Ρ·		
Others	(Specify) D1	AOTHORI	11 OI IIIL	CITT	i/(I OI(.		
		(2)			_		
	(Sig	gnature)					
		(Author	ized Officia	<i>(</i>)			
DATE:	TDUCTION AT THE	BACK)					
(PLEASE SEE INS	STRUCTION AT THE E	DACK)					
EEEECTIVE ADDI	I 1 1005 as === CCC	Office Circ	ular Na. 1 -	1005			
CLLC() INE ALKI	L 1, 1985 as per CSC	onice Circ	uiai ivo. 1 S.	באעז.			