Tracking no: 3

APPLICATION FOR LEAVE 1. OFFICE/AGENCY 2. NAME (Last) (First) (M.I.)	CCC Farma Na C				Tracking	110. 5
1. OFFICE/AGENCY HRMO SABAS FELIMON R. 2. DATE OF FILING June 07, 2011 CGDH II (City Personnel Officer) P 6,862.00 6. TYPE OF LEAVE 6. (a) WHER LEAVE WILL BE SPENT: IN CASE OF VACATION LEAVE To seek employment Others (Specify) Others (Specify) Others (Specify) 6. b) NUMBER OF WORKING DAYS APPLIED FOR Aday INCLUSIVE: June 16, 2011 DETAILS OF APPLICATION 7. a) CERTIFICATION OF LEAVE CREDITS As of May 31, 2011 DETAILS OF APPLICATION Approved Disapproved due to WENIFREDA J. ARCEGONO CG Assistant Dept. Head II Authorized Official) DATE: (RLEASE SEE INSTRUCTION AT THE BACK)	CSC Form No. 6 Revised 1986		4 DDI 104 T10			
HRMO SABAS FELIMON R.			APPLICATIO	N FOR LE	AVE	
2. DATE OF FILING June 07, 2011 CGDH II (City Personnel Officer) P 6,862.00 6. TYPE OF LEAVE 6. (a) WHERE LEAVE WILL BE SPENT: (1) IN CASE OF VACATION LEAVE Within the Philippines To seek employment Others (Specify) Others (Spe	1. OFFICE/AGENCY		2. NAME (La		st) (First)	(M.I.)
June 07, 2011 CGDH II (City Personnel Officer) P 6,862.00 6. TYPE OF LEAVE Vacation Leave	HRMO		SABAS		FELIMON	R.
6. TYPE OF LEAVE X Vacation Leave	2. DATE OF FILING		4. POSITION		5. SALARY (Monthly)	
X Vacation Leave Within the Philippines Within the Philippines Within the Philippines Abroad (Specify) Abroad (Specify) Abroad (Specify) Abroad (Specify) Outhers (Signature of Applicant) Outhers (Specify) Outhers (Signature) Outhers (Specify) Outhers (Signature) Outhers (Si	June 07, 2011		CGDH II (City Personnel Office		cer) P 6,862.00	
Vacation Leave	6. TYPE OF LE	EAVE				
To seek employment Others (Specify)	X Vacatio	n Leave		(1)		AVE
Sick Maternity Others (Specify) Out Patient (S			nt			
Maternity Others (Specify) Others (Specify) Others (Specify) Out Patient (Specify) Out P	Others	(Specify)			Abroad (Specify)	
Maternity Others (Specify) Out Patient (Specify)						
Others (Specify) Others (Specify) Others (Specify) Out Patient (Sp	Sick			(2)	IN CASE OF SICK LEAVE	
Out Patient (Specify)					In Hospital (Specify)	
6. b) NUMBER OF WORKING DAYS APPLIED FOR 1 day	U Otners	(Specify)			Out Patient (Specify)	
1 day Not Requested Not Requested			_			
1 day	6. b) NUMBI	ER OF WORK	ING DAYS APPLIED FO		COMMUTATION	
TINCLUSIVE: June 16, 2011 Gignature of Applicant)	1 dav			6. ()		ot Requested
Cartification of Leave Credits Approved		ISIVE:	-			
7. a) CERTIFICATION OF LEAVE CREDITS As of May 31, 2011 Vacation Sick Total 14.758 6.922 21.68 DAYS DAYS WENIFREDA J. ARCEGONO CG Assistant Dept. Head II (Authorized Officer) 7. c) APPROVED FOR days with pay days without pay Others (Specify) Others (Specify) DATE: (PLEASE SEE INSTRUCTION AT THE BACK)		June 16, 2	2011			
7. a) CERTIFICATION OF LEAVE CREDITS As of May 31, 2011 Vacation Sick Total 14.758 6.922 21.68 DAYS DAYS DAYS WENIFREDA J. ARCEGONO CG Assistant Dept. Head II (Authorized Officer) 7. c) APPROVED FOR days with pay days without pay Others (Specify) BY AUTHORITY OF THE CITY MAYOR: (Signature) (Authorized Official) DATE: (PLEASE SEE INSTRUCTION AT THE BACK)					(Signature of Application	nt)
7. a) CERTIFICATION OF LEAVE CREDITS As of May 31, 2011 Vacation Sick Total 14.758 6.922 21.68 DAYS DAYS DAYS WENIFREDA J. ARCEGONO CG Assistant Dept. Head II (Authorized Officer) 7. c) APPROVED FOR days with pay days without pay Others (Specify) BY AUTHORITY OF THE CITY MAYOR: (Signature) (Authorized Official) DATE: (PLEASE SEE INSTRUCTION AT THE BACK)			DETAILS O	E ADDI T <i>CA</i>	TTON	
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