*Civil Service Form No. 6 Revised 2020*

**Republic of the Philippines**

*City Government of Tagaytay*

Akle St. Kaybagal South, Tagaytay City

APPLICATION FOR LEAVE

Date:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. OFFICE/DEPARTMENT | | 2. Name | (LASTNAME) | | (FIRSTNAME) | | | (MIDDLE) |
| 3.DATE OF FILING 4. POSITION 5. SALARY | | | | | | | | |
| **6. DETAILS OF APPLICATION** | | | | | | | | |
| 6.A TYPE OF LEAVE TO BE AVAILED OF  Vacation Leave (Sec. 51, Rule XVI, Omnibus Rules Implementing E.O. No. 292)  Mandatory/Forced Leave(Sec. 25, Rule XVI, Omnibus Rules Implementing E.O.  No. 292) Sick Leave (Sec. 43, Rule XVI, Omnibus Rules Implementing E.O. No. 292) Maternity Leave (R.A. No. 11210 / IRR issued by CSC, DOLE and SSS)  Paternity Leave (R.A. No. 8187 / CSC MC No. 71, s. 1998, as amended)  Special Privilege Leave (Sec. 21, Rule XVI, Omnibus Rules Implementing E.O. No. 292)  Solo Parent Leave (RA No. 8972 / CSC MC No. 8, s. 2004)  Study Leave (Sec. 68, Rule XVI, Omnibus Rules Implementing E.O. No. 292) 10-Day VAWC Leave (RA No. 9262 / CSC MC No. 15, s. 2005)  Rehabilitation Privilege (Sec. 55, Rule XVI, Omnibus Rules Implementing E.O. No. 292) Special Leave Benefits for Women (RA No. 9710 / CSC MC No. 25, s.  2010) Special Emergency (Calamity) Leave (CSC MC No. 2, s. 2012, as  amended) Adoption Leave (R.A. No. 8552)  OTHERS: | | | | | 6.B DETAILS OF LEAVE  *In case of Vacation/Special Privilege Leave:*  Within the Philippines Abroad (Specify)  In case of Sick Leave:  In Hospital (Specify Illness) Out Patient (Specify Illness)  In case of Special Leave Benefits for Women:  *In case of Study Leave:*  Completion of Master's Degree BAR/Board Examination Review  *Other purpose:*  Monetization of Leave Credits Terminal Leave | | | |
|  | | | |  |
| 6.C NUMBER OF WORKING DAYS APPLIED FOR    INCLUSIVE DATES | |  |  |  | 6.D COMMUTATION  Not Requested  Requested | | (Signature of Applicant) | |
| **7. DETAILS OF ACTION ON APPLICATION** | | | | | | | | |
| 7.A CERTIFICATION OF LEAVE CREDITS  As of | | | | | 7.B RECOMMENDATION For  approval  For disapproval due to    (Authorized Officer) | | | |
|  | Vacation Leave | | Sick Leave | |
| Total Earned |  | |  | |
| Less this application |  | |  | |
| Balance |  | |  | |
| **ALMA A. MALABANAN HUMAN RESOURCE MANAGEMENT OFFICER** | | | | |
| 7.C APPROVED FOR:  days with pay | |  |  |  | 7.D DISAPPROVED FOR: | |  | |
| days without pay  others (Specify) | | | | | |  | | |
|  | | |
| **ENGR. GREGORIO M. MONREAL**  **CITY ADMINISTRATOR** | | | | | | | | |