

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 <input type="checkbox"/> Vacation <input type="checkbox"/> To seek employment <input type="checkbox"/> Others (specify) _____ <hr/> <input type="checkbox"/> Sick <input type="checkbox"/> Maternity <input type="checkbox"/> Others (specify) _____ <hr/>		6. b. WHERE LEAVE WILL BE SPENT (1) IN CASE OF VACATION LEAVE <input type="checkbox"/> Within the Philippines <input type="checkbox"/> Abroad (Specify) _____ <hr/> (2) IN CASE OF SICK LEAVE <input type="checkbox"/> In Hospital (specify) _____ <hr/> <input type="checkbox"/> Out Patient (specify) _____ <hr/>	
6. c. NUMBER OF WORKING DAYS APPLIED FOR: _____ INCLUSIVE DATES : _____ <hr/>		6. d. COMMUTATION <input type="checkbox"/> Requested <input type="checkbox"/> Not Requested <hr/> <div style="text-align: right;"><i>(Signature of Applicant)</i></div>	

DETAILS OF ACTION APPLICATION

7. a. CERTIFICATION OF LEAVE CREDITS as of _____ <table style="width: 100%; text-align: center;"> <tr> <td style="width: 33%;">VL</td> <td style="width: 33%;">SL</td> <td style="width: 33%;">TOTAL</td> </tr> <tr> <td><input style="width: 80%;" type="text"/></td> <td><input style="width: 80%;" type="text"/></td> <td><input style="width: 80%;" type="text"/></td> </tr> <tr> <td>days</td> <td>days</td> <td>days</td> </tr> </table> <div style="text-align: center;"> ERMA E. REYES Chief Administrative Officer </div>	VL	SL	TOTAL	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	days	days	days	7. b. RECOMMENDATION <input type="checkbox"/> Approval <input type="checkbox"/> Disapproved due to _____ <hr/> <div style="text-align: right;"><i>(Authorized Official)</i></div>
VL	SL	TOTAL								
<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>								
days	days	days								
7. c. APPROVED FOR _____ days with pay _____ days without pay _____ others (specify) _____	7. d. DISAPPROVED DUE TO _____ _____ _____									

CARMENCITA O. REYES
Governor