

CSC Form No. 6
Revised 1986

ID No.

APPLICATION FOR LEAVE

1. OFFICE/AGENCY

2. NAME (Last)

(First)

(M.I.)

2. DATE OF FILING

4. POSITION

5. SALARY (Monthly)

6. TYPE OF LEAVE

6.(a) WHERE LEAVE WILL BE SPENT:

☐ Vacation Leave

☐ To seek employment

☐ Others (Specify) _____

☐ Sick

☐ Maternity

☐ Others (Specify) _____

(1) IN CASE OF VACATION LEAVE

☐ Within the Philippines

☐ Abroad (Specify) _____

(2) IN CASE OF SICK LEAVE

☐ In Hospital (Specify) _____

☐ Out Patient (Specify)_____

6. b) NUMBER OF WORKING DAYS APPLIED FOR

6. c) COMMUTATION

Requested

Not Requested

INCLUSIVE: _____

(Signature of Applicant)

DETAILS OF APPLICATION

7. a) CERTIFICATION OF LEAVE CREDITS

7. b) RECOMMENDATION

As of _____

☐ Approved

☐ Disapproved due to _____

Vacation	Sick	Total
DAYS	DAYS	DAYS

WENIFREDA J. ARCEGONO

CG Assistant Dept. Head II

(Authorized Officer)

7. c) APPROVED FOR

7. d) DISAPPROVED DUE TO

_____ days with pay

_____ days without pay

_____ Others (Specify)

BY AUTHORITY OF THE CITY MAYOR:

(Signature)

(Authorized Official)

DATE: _____

(PLEASE SEE INSTRUCTION AT THE BACK)

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EFFECTIVE APRIL 1, 1985 as per CSC Office Circular No. 1 s. 1985.