CSC Form 6

Revised 1998

**APPLICATION FOR LEAVE**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Office/Agency | 1. Name (Last) | (First) | (Middle) |
| «office» | «lastname» | «firstname» | «middlename» |
| 1. Date of Filing | 1. Position |  | 1. Salary |
| «date-of-filing» | «position» |  | «salary» |

**DETAILS OF APPLICATION**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 1. A) Type of Leave  |  |  |  |  | | --- | --- | --- | --- | |  | «is-vac» | Vacation | | |  |  | «is-vac-seek» | To seek employment | |  |  | «is-vac-others» | Others (Specify) | |  |  | «is-vac-others-specify» | | |  |  |  | | |  | «is-sick» | Sick | | |  | «is-maternity» | Maternity | | |  | «tol-others» | Others (Specify) | | |  |  | «tol-others-specify» | | |  |  |  |  | | 1. B) Where Leave will be spent:  |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | 1. In case of Vacation Leave | | | | |  |  | «is-within» | Within the Philippines | | |  |  | «is-abroad» | Abroad (Specify) | | |  |  | «is-abroad-specify» | | | |  |  |  | | | |  | 1. In case of Sick Leave | | | | |  |  | «is-inhospital» | | In hospital (Specify) | |  |  | «is-inhospital-specify» | | | |  |  |  | | | |
| 1. C) Number of Working Days applied for:  |  |  |  | | --- | --- | --- | |  | «no-of-days» |  | |  | Inclusive Dates |  | |  | «inclusive-dates» |  | | 1. D) Commutation  |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | «is-comm-requested» | Requested | «is-comm-notrequested» | Not Requested |   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Applicant |

**DETAILS OF ACTION ON APPLICATION**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. A) Certification of Leave Credits  |  |  |  | | --- | --- | --- | |  | As of | «cert-of-lc» |  |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | Vacation | Sick | Total |  | |  | «vl» | «sl» | «total» |  | |  | Days | Days | Days |  |   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Authorized Official | 1. B) Recommendation:  |  |  |  | | --- | --- | --- | |  |  | Approval | |  |  | Disapproval due to | |  |  |  |   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Authorized Official |
| 1. C) Approved for:  |  |  |  | | --- | --- | --- | |  | «approved-no-of-days» | Days with pay | |  | «approved-no-of-days-wopay» | Days without pay | | 1. D) Disapproved due to:  |  |  | | --- | --- | |  | «is-disapproved-reason» | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Authorized Official   |  |  | | --- | --- | | Date: | «date-served» | | |