



Republic of the Philippines
(Agency Name)
(Agency Address)

Stamp of Date of Receipt

APPLICATION FOR LEAVE

1. OFFICE/DEPARTMENT _____	2. NAME : (Last) _____ (First) _____ (Middle) _____													
3. DATE OF FILING _____	4. POSITION _____	5. SALARY _____												
6. DETAILS OF APPLICATION														
<div style="display: flex; justify-content: space-between;"><div style="width: 48%;"><p>6.A TYPE OF LEAVE TO BE AVAILED OF</p><p><input type="checkbox"/> Vacation Leave (Sec. 51, Rule XVI, Omnibus Rules Implementing E.O. No. 292)</p><p><input type="checkbox"/> Mandatory/Forced Leave (Sec. 25, Rule XVI, Omnibus Rules Implementing E.O. No. 292)</p><p><input type="checkbox"/> Sick Leave (Sec. 43, Rule XVI, Omnibus Rules Implementing E.O. No. 292)</p><p><input type="checkbox"/> Maternity Leave (R.A. No. 11210 / IRR issued by CSC, DOLE and SSS)</p><p><input type="checkbox"/> Paternity Leave (R.A. No. 8187 / CSC MC No. 71, s. 1998, as amended)</p><p><input type="checkbox"/> Special Privilege Leave (Sec. 21, Rule XVI, Omnibus Rules Implementing E.O. No. 292)</p><p><input type="checkbox"/> Solo Parent Leave (RA No. 8972 / CSC MC No. 8, s. 2004)</p><p><input type="checkbox"/> Study Leave (Sec. 68, Rule XVI, Omnibus Rules Implementing E.O. No. 292)</p><p><input type="checkbox"/> 10-Day VAWC Leave (RA No. 9262 / CSC MC No. 15, s. 2005)</p><p><input type="checkbox"/> Rehabilitation Privilege (Sec. 55, Rule XVI, Omnibus Rules Implementing E.O. No. 292)</p><p><input type="checkbox"/> Special Leave Benefits for Women (RA No. 9710 / CSC MC No. 25, s. 2010)</p><p><input type="checkbox"/> Special Emergency (Calamity) Leave (CSC MC No. 2, s. 2012, as amended)</p><p><input type="checkbox"/> Adoption Leave (R.A. No. 8552)</p><p><i>Others:</i> _____</p></div><div style="width: 48%;"><p>6.B DETAILS OF LEAVE</p><p><i>In case of Vacation/Special Privilege Leave:</i></p><p><input type="checkbox"/> Within the Philippines _____</p><p><input type="checkbox"/> Abroad (Specify) _____</p><p><i>In case of Sick Leave:</i></p><p><input type="checkbox"/> In Hospital (Specify Illness) _____</p><p><input type="checkbox"/> Out Patient (Specify Illness) _____</p><p>_____</p><p><i>In case of Special Leave Benefits for Women:</i></p><p>(Specify Illness) _____</p><p>_____</p><p><i>In case of Study Leave:</i></p><p><input type="checkbox"/> Completion of Master's Degree</p><p><input type="checkbox"/> BAR/Board Examination Review</p><p><i>Other purpose:</i></p><p><input type="checkbox"/> Monetization of Leave Credits</p><p><input type="checkbox"/> Terminal Leave</p></div></div>														
<div style="display: flex; justify-content: space-between;"><div style="width: 48%;"><p>6.C NUMBER OF WORKING DAYS APPLIED FOR</p><p>_____</p><p>INCLUSIVE DATES</p><p>_____</p></div><div style="width: 48%;"><p>6.D COMMUTATION</p><p><input type="checkbox"/> Not Requested</p><p><input type="checkbox"/> Requested</p><p>_____</p><p style="text-align: right;">(Signature of Applicant)</p></div></div>														
7. DETAILS OF ACTION ON APPLICATION														
<div style="display: flex; justify-content: space-between;"><div style="width: 48%;"><p>7.A CERTIFICATION OF LEAVE CREDITS</p><p>As of _____</p><table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th></th><th>Vacation Leave</th><th>Sick Leave</th></tr></thead><tbody><tr><td><i>Total Earned</i></td><td></td><td></td></tr><tr><td><i>Less this application</i></td><td></td><td></td></tr><tr><td><i>Balance</i></td><td></td><td></td></tr></tbody></table><p>_____</p><p style="text-align: center;">(Authorized Officer)</p></div><div style="width: 48%;"><p>7.B RECOMMENDATION</p><p><input type="checkbox"/> For approval</p><p><input type="checkbox"/> For disapproval due to _____</p><p>_____</p><p>_____</p><p>_____</p><p>_____</p><p style="text-align: center;">(Authorized Officer)</p></div></div>				Vacation Leave	Sick Leave	<i>Total Earned</i>			<i>Less this application</i>			<i>Balance</i>		
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<i>Less this application</i>														
<i>Balance</i>														
<div style="display: flex; justify-content: space-between;"><div style="width: 48%;"><p>7.C APPROVED FOR:</p><p>_____ days with pay</p><p>_____ days without pay</p><p>_____ others (Specify)</p></div><div style="width: 48%;"><p>7.D DISAPPROVED DUE TO:</p><p>_____</p><p>_____</p><p>_____</p></div></div> <p style="text-align: center; margin-top: 20px;">_____</p> <p style="text-align: center;">(Authorized Official)</p>														