

Gov. Alfonso D. Tan College

Maloro, Tangub City

FACULTY

Fringe Benefits Salaries and

ocuments (Ledger, Leave Form, Approved Leaves) Leave Administration

APPLICATION FOR LEAVE

C.S. Form No. 6 Revised 2001

	Date	Office/ Agency
DETAILS OF APPLICATION	Position	Last
PPLICATION	Monthly Salary	First
		Middle

WIEL C. ENDRIO, LLB., MPA	PHILIP T. TAN City Mayor	
	days vacation leave with pay days sick leave with pay days maternity leave without pay days paternity leave with pay days special leave with pay days without pay	days vacation lead days sick leave will days maternity lead days paternity lead days special leave days without pay
		APPROVED FOR:
(Authorized Official)		WILMAR O. CUAMBOT CITY ADMINISTRATOR I/ HRMO
Disapproved due to	Approved	Earned Leave Less: This Leave Ending Balance
COMM	Total	As of Vacation Sick
LICATION	DETAILS OF ACTION ON APPLICATION	D
COMMUTATION Requested Not Requested Signature of Applicant		NO. OF DAYS APPLIED FOR:
	Maternity	Sick
WHERE LEAVE WILL BE SPENT IN CASE OF VACATION LEAVE Within the Philippines Abroad (Specify)		TYPE OF LEAVE VACATION LEAVE To Seek Employment Other (Specify)
TION	DETAILS OF APPLICATION	
Monthly Salary	Position Mont	Date Pos
Middle	t First	Office/ Agency Last

Date



Time:	Date:	Received by:
	FOR HRMO USE ONLY	
6/२२/18 Date	Head, HRMO Position	AUT. Post I
BELLAFLOR E. FERNANDEZ ACA for Administration	ROMAR CI MEGRIÑO Printed Name & Signature	PREACHY HAE S. ESIN
NOTED:	Recommended by:	Requested by:
	, 4018	Inclusive Date: June 25 - 29 2018
Agency/office GADTC	MAE: S. ESIN.	-
	State of the state	Date of Filling: UNK 20 2018
Special Privilege Leave Others: (Please Specify) PEDICAL ORGATION	Vacation Leave Sp	Authorized to go on:
	PERMISSION SLIP	
	Republic of the Philippines CITY OF TANGUB Gov. Alfonso D. Tan College	
		(усучногу наструку)

VIEL C ENERO, LLB., MPA



	Republic of the Philippines CITY OF TANGUB Gov. Alfonso D. Tan College	ines
	PERMISSION SLIP	
Authorized to go on:	Vacation Leave Forced Leave	Special Privilege Leave Others: (Please Specify)
Date of Filling: 06-20-208		
is granted to: Name: ACUNTY COLANCO I	COCANCOS	Agency/office 7.70/2
Inclusive Date: WARE 20,21 20/8	2/20	
Purpose: INCTICAL CIFECAUL	A UD	
Requested by:	Recommended by:	NOTED:
LOWING BUNEON	ROMAR C. MEGRIÑO	BELLAFLOR E, FERNANDEZ
Printed Name & Signature	Printed Name & Signature	ACA for Administration
Position	Head, HRMO Position	Date
	FOR HRMO USE ONLY	
Received by:	Date:	Time:

PATE WILL CRIGINAL

COLLEGE REGISTRAR III