**APPLICATION FOR LEAVE**

|  |  |
| --- | --- |
| **NAME:** (LAST) (FIRST) (MIDDLE) | |
| Date of Filing: | Position: |
| Type of Leave:  ( ) Vacation  ( ) Sick  Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ( ) Maternity | Where leave will be spent  In case of vacation leave  ( ) within the Philippines  ( ) abroad  In Case of sick leave  ( ) in hospital (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ( ) out patient (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Number of working days applied for: | |
| Inclusive dates: | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Applicant | |
| **DETAILS OF ACTION ON APPLICATION** | |
| Certification of leave credits as of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Recommendation:  ( ) approved  ( ) disapproved due to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Vacation:\_\_\_\_\_\_days  Sick:\_\_\_\_\_\_days  Total:\_\_\_\_\_days | |
|  | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Admin Asst. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Immediate Supervisor |
| Approved for:  \_\_\_\_days with pay  \_\_\_\_days without pay  \_\_\_\_others (specify) | Disapproved due to:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Principal/Administrator | |
| Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |