

### APPLICATION FOR LEAVE

1. Office/Agency:	2. NAME: (Last) <span style="float: right;">(First)</span>
3. Date of Filing	4. POSITION EPS I <span style="float: right;">5. SALARY: =P=</span>

6. DETAILS OF APPLICATION	
<p>6.a) TYPE OF LEAVE</p> <p><input type="checkbox"/> VACATION</p> <p style="padding-left: 20px;"><input type="checkbox"/> To seek employment</p> <p style="padding-left: 20px;"><input type="checkbox"/> Others _____</p> <hr/> <p><input type="checkbox"/> SICK</p> <p><input type="checkbox"/> MATERNITY</p> <p><input type="checkbox"/> OTHERS (Specify) _____</p> <hr/> <p>6.c) NUMBER OF WORKING DAYS APPLIED FOR</p> <p>_____</p> <p>Inclusive Dates _____</p>	<p>6.b) WHERE THE LEAVE WILL BE SPENT</p> <p>1) IN CASE OF VACATION</p> <p style="padding-left: 20px;"><input type="checkbox"/> Within the Philippines</p> <p style="padding-left: 20px;"><input type="checkbox"/> Abroad (Specify) _____</p> <hr/> <p>2) IN CASE OF SICK LEAVE</p> <p style="padding-left: 20px;"><input type="checkbox"/> In Hospital (Specify) _____</p> <p style="padding-left: 20px;"><input type="checkbox"/> Out Patient (Specify) _____</p> <hr/> <p>6.d) COMMUTATION</p> <p><input type="checkbox"/> Requested <span style="float: right;"><input type="checkbox"/> Not R</span></p> <p style="text-align: right;">_____</p> <p style="text-align: right;">(Signature of Applicant)</p>

7. DETAILS OF ACTION ON APPLICATION							
<p>7.a) CERTIFICATION OF LEAVE CREDITS as of _____</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 33%;">Vacation</th> <th style="width: 33%;">Sick</th> <th style="width: 33%;">Total</th> </tr> </thead> <tbody> <tr> <td style="height: 40px;"></td> <td></td> <td></td> </tr> </tbody> </table>	Vacation	Sick	Total				<p>7.b) RECOMMENDATION</p> <p><input type="checkbox"/> Approval</p> <p><input type="checkbox"/> Disapproval due to _____</p> <hr/> <p style="text-align: right;">_____</p> <p style="text-align: right;">Authorized Personnel</p>
Vacation	Sick	Total					

7.c) APPROVED FOR:	7.d) DISAPPROVED DUE TO:
_____ day/s with pay	_____
_____ day/s without pay	_____
_____ others (Specify)	_____

**MR. ERNESTO R. CONCEPCION**  
Director for Admin & Finance

Date \_\_\_\_\_

## **I N S T R U C T I O N S**

1. Application for Vacation Leave or Sick Leave for one full day or more shall be made on this form and to be accomplished at least in duplicate.
2. Application for Vacation Leave shall be filed in advance or whenever possible five (5) days before going on such leave.
3. Application for Sick Leave filed in advance, or exceeding five (5) days shall be accompanied by a medical certificate. In case medical consultation was not availed of, an affidavit should be executed by the applicant.
4. An employee who is absent without approved leave shall not be entitled to receive his salary corresponding to the period of his unauthorized leave of absence.
5. An application for leave of absence for thirty (30) calendar days or more shall be accompanied by a clearance from money and property accountabilities.

**(Middle)**

**equested**

