

APPLICATION FOR LEAVE

1. OFFICE/AGENCY _____ 2. NAME (Last) _____ (First) _____ (Middle) _____

3. DATE OF FILING _____ 4. POSITION _____ 5. SALARY (Monthly) _____

6. a) TYPE OF LEAVE
 Vacation
 To seek employment
 Sick
 Maternity
 Others (Specify)

6. b) WHERE LEAVE WILL BE SPENT
(1) IN CASE OF VACATION LEAVE
 Within the Philippines
 Abroad (specify)
(2) IN CASE OF SICK LEAVE
 In hospital (specify)
 Out patient (specify)

c) NUMBER OF WORKING DAYS APPLIED FOR

INCLUSIVE DATES

d) COMMUTATION
 Requested
 Not requested

Signature of Applicant

DETAILS OF ACTION ON APPLICATION

7. a) CERTIFICATION OF LEAVE CREDITS
As of _____

7. b) RECOMMENDATIONS
 Approval
 Disapproval due to _____

Vacation	Sick	Total
Days	Days	Days

EVANGELINE C. AMOR, PhD
Vice-Chancellor for Academic Affairs
Authorized Official

Personnel Officer

7. c) APPROVED FOR

_____ days with pay
_____ days without pay
_____ others (specify)

7. d) DISAPPROVAL DUE TO

Authorized Official

Date: _____