

APPLICATION FOR LEAVE

CSC Form No. 6
Revised 1984

1. OFFICE/AGENCY	2. NAME (LAST)	(FIRST)	(MIDDLE)
3. DATE OF FILING	4. POSITION APPMT)	(STATUS OF	5. SALARY

6. a) TYPE OF LEAVE <input type="checkbox"/> Vacation <input type="checkbox"/> To Seek Employment <input type="checkbox"/> Other (Specify) _____ _____ <input type="checkbox"/> Sick <input type="checkbox"/> Maternity	6. b) WHERE LEAVE WILL BE SPENT IN CASE OF VACATION LEAVE <input type="checkbox"/> Within the Philippines <input type="checkbox"/> Abroad (Specify) _____ IN CASE OF SICK LEAVE <input type="checkbox"/> In Hospital (Specify) <input type="checkbox"/> Out Patient (Specify)
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6. c) NUMBER OF WORKING DAYS APPLIED FOR INCLUSIVE DATES _____ _____	6. b) COMMUTATION <input type="checkbox"/> Requested <input type="checkbox"/> Not Requested
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 (Signature of Applicant)

ADDRESS: _____

7. a) CERTIFICATION OF LEAVE CREDITS AS OF _____ <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="padding: 5px;">VACATION</th> <th style="padding: 5px;">SICK</th> <th style="padding: 5px;">TOTAL</th> </tr> </thead> <tbody> <tr> <td style="height: 30px;"></td> <td></td> <td></td> </tr> </tbody> </table>	VACATION	SICK	TOTAL				7. b) RECOMMENDATION <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL DUE TO _____ _____
VACATION	SICK	TOTAL					

_____ (Personnel Officer)	_____ (Authorized Official)
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7. c) APPROVED FOR: _____ days with pay _____ days without pay _____ others (specify)	7. d) DISAPPROVED DUE TO: _____ _____ _____
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 (Signature)

 (Authorized Official)