APPLICATION FOR LEAVE

1. OFFICE/AGEN	ICY	2. NAME		(Last)	(First)	(Middle)		
3. DATE OF FILIN	NG.	4. POSITION/E	MPI OY	FF NO	5. MONTHLY SALARY			
O. DATE OF FIER	10	1.1 00111014/2	201	LL IVO.	O. WOINTIET ONEN	XI		
DETAILS OF APPLICATION								
6. a) TYPE OF L	EAVE:				LEAVE WILL BE SPE			
[] Vacation	seek employme	ant		\ /	SE OF VACATION LE Within the Philippines	AVE		
		JIIL			Abroad (specify)			
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[] Sick [] Maternity				IN CASE OF SICK LEAVE [] In hospital (specify)				
[] Others (s				l J	iii iiospilai (specily)			
				[]	Out patient (specify) _			
6. c) NUMBER OF	WODKING D	AV/C ADDI IED		(2) COMI	MUTATION			
0. C) NOWBER OF	WORKING D	AT/S AFFLIED		\ /	Requested [] Not	Requested		
For	(day/s)				[]			
Inclusive Detec								
Inclusive Dates	i			(Signature of Applicant)				
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		DETAIL C ON	A OTIC	NI ON ADDI IO	ATION			
7. a) CERTIFICA			ACTIC	ON ON APPLIC 7. b) RECOMI				
As of				[] Approval				
				Disapproval due to				
Vacation	Sick	Total						
Days	Days	Days						
	7.	. , .						
				LEONA	RDO C. CANLAS Ed), CESO VI		
	DALENA A. L			Assistan	t Schools Division Sup	erintendent		
	trative Officer	IV – HRMO		3 4) DICADDI	DOVED DUE TO:			
7. c) APPROVED	FUR:			7. a) DISAPPI	ROVED DUE TO:			
	day/s wit	h pay						
day/s without pay								
others (specify)			Δηηι	roved:				
			Αρρι	ovou.				
	NODMA D ESTEDAN EAD CESO V							
	NORMA P. ESTEBAN EdD, CESO V Schools Division Superintendent							
Date:								

Note: Use this form for leave of absence of Non-Teaching Personnel – (Division Chief)

APPLICATION FOR LEAVE

1. OFFICE/AGENCY	2. NAME		(Last)	(First)	(Middle)			
3. DATE OF FILING	4. POSITION/E	MPLOY	EE NO.	5. MONTHLY SALAI	RY			
DETAILS OF APPLICATION								
6. a) TYPE OF LEAVE:				LEAVE WILL BE SPE SE OF VACATION LE				
[] Vacation [] To seek employm	ent		\ /	Within the Philippines	AVE			
Others (specify				Abroad (specify)				
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[] Sick				ASE OF SICK LEAVE				
[] Maternity [] Others (specify)			l J	In hospital (specify)				
[] Others (specify)			[]	Out patient (specify) _				
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6. c) NUMBER OF WORKING D	AY/S APPLIED		\ /	MUTATION	ъ			
For (dayle)			l J	Requested [] Not	Requested			
For(day/s) _								
Inclusive Dates								
				(Signature of Applican	t)			
	DETAILS ON	ACTIC	N ON APPLIC	ATION				
7. a) CERTIFICATION OF LEA		ACTIC	7. b) RECOMI					
As of			[] Approv					
			[] Disapp	oroval due to				
Vacation Sick	Total							
Days Days	Days							
				Division Chief				
MAGDALENA A. L	UCILLO							
Administrative Officer	IV – HRMO							
7. c) APPROVED FOR:			7. d) DISAPPI	ROVED DUE TO:				
day/s wit	h nav							
day/s with pay			_					
others (specify)								
		roved:						
LEONARDO C. CANLAS EdD, CESO VI								
Assistant Schools Division Superintendent								
Date:	Date:							

Note: Use this form for leave of absence of Non-Teaching Personnel – Below Division Chief (for up to 60 calendar days)

APPLICATION FOR LEAVE

1. OFFICE/AGENCY	2. NAME	(Last)		(First)	(Middle)			
3. DATE OF FILING	4. POSITION/E	EMPLOYEE NO.		5. MONTHLY SALAI	Y SALARY			
DETAILS OF APPLICATION								
	6. a) TYPE OF LEAVE:			LEAVE WILL BE SPE ASE OF VACATION LE				
[] Vacation [] To seek employment			,	Within the Philippines	CAVE			
	fy			Abroad (specify)				
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[] Sick [] Maternity			IN CASE OF SICK LEAVE					
[] Others (specify)			[] In hospital (specify)					
			[]	Out patient (specify) _				
			\ COM	MUTATION				
6. c) NUMBER OF WORKIN	IG DAT/S APPLIEL	(2	,	Requested [] Not	t Requested			
For(day	/s)			rtoquootou [] ito	rroquoticu			
Inclusive Dates		-		(Signature of Applican	 			
				(Signature of Applican	·)			
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7. a) CERTIFICATION OF As of		/. D)	7. b) RECOMMENDATION [] Approval [] Disapproval due to					
A3 01								
Vacation Sick	Total							
Dave Dave	Davis							
Days Days	Days							
	L		Division Chief					
MAGDALENA	A LUCILLO							
Administrative Of			LEONA	RDO C. CANLAS Edi	D, CESO VI			
				nt Schools Division Sup	perintendent			
7. c) APPROVED FOR:		7. d)	DISAPP	ROVED DUE TO:				
dav	s with pay							
day/s without pay					·			
othe	others (specify)							
		Approved:						
NORMA P. ESTEBAN EdD, CESO V Schools Division Superintendent								
Date:								

Note: Use this form for leave of absence of Non-Teaching Personnel – Below Division Chief (for more than 60 calendar days to one (1) year)

APPLICATION FOR LEAVE

1. OFFICE/AGEN	CY	2. NAME		(Last)	(First)	(Middle)		
3. DATE OF FILIN	IG	4. POSITION/E	MPLOY	EE NO.	5. MONTHLY SALARY			
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DETAILS OF APPLICATION								
6. a) TYPE OF LI	EAVE:				LEAVE WILL BE SPE SE OF VACATION LE			
	seek employme	ent		\ /	Within the Philippines			
					Abroad (specify)			
				IN CA	SE OF SICK LEAVE			
[] Maternity					In hospital (specify)			
[] Others (s				_				
-				[]	Out patient (specify) _			
6. c) NUMBER OF	WORKING D	AY/S APPLIED		(2) COMI	MUTATION			
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For	(day/s)							
Inclusive Dates	;							
				(Signature of Applicant)				
		DETAILS ON	ACTIC	N ON APPLIC	ATION			
7. a) CERTIFICA				7. b) RECOMMENDATION [] Approval [] Disapproval due to				
As of								
Vacation	Sick	Total		[] Dloap				
Days	Days	Days						
				I EONA	RDO C. CANLAS Edi) CESO VI		
MAG	DALENA A. L	UCILLO			t Schools Division Sup			
	trative Officer							
7. c) APPROVED) FOR:			7. d) DISAPPI	ROVED DUE TO:			
	day/s wit	h pav						
day/s without pay								
others (specify)			۸مم	covod:				
			Appi	roved:				
NORMA P. ESTEBAN EdD, CESO V								
	Schools Division Superintendent							
Date:								

Note: Use this form for leave of absence of School Head, Head Teacher, TIC

APPLICATION FOR LEAVE

1. OFFICE/AGEN	CY	2. NAME		(Last)	(First)	(Middle)		
3. DATE OF FILIN	IG	4. POSITION/E	EMPLOY	EE NO.	5. MONTHLY SALAI	RY		
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DETAILS OF APPLICATION								
6. a) TYPE OF LEAVE:				,	LEAVE WILL BE SPE			
[] Vacation	seek employme	ant		\ /	SE OF VACATION LE Within the Philippines	:AVE		
		511L			Abroad (specify)			
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[] Maternity	acciful)			[]	In hospital (specify)			
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					out patient (specify) _			
6. c) NUMBER OF	WORKING D	AY/S APPLIED)	(2) COM	MUTATION			
_				[]	Requested [] Not	Requested		
For	(day/s)							
Inclusive Dates								
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		DETAIL 0.01			471011			
7 a) CEDTIFICA			ACTIC	ON ON APPLIC 7. b) RECOMI				
7. a) CERTIFICATE				7. b) RECOM				
7.0 01					proval due to			
Vacation Sick Total								
Days	Days	Days						
Days	Days	Days						
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					School Head			
MAG	DALENA A. L	IICII I O			School Head			
	trative Officer							
7. c) APPROVED				7. d) DISAPPI	ROVED DUE TO:			
	day/s with pay							
day/s without pay others (specify)								
				roved:				
			• •					
LEONARDO C. CANLAS EdD, CESO VI								
Assistant Schools Division Superintendent								
·								
Date:								

Note: Use this form for leave of absence of Non-Teaching Personnel – School Based (for up to 60 calendar days)

APPLICATION FOR LEAVE

1. OFFICE/AGEN	ICY	2. NAME		(Last)	(First)	(Middle)	
3. DATE OF FILIN	NG	4. POSITION/E	MPLOY	EE NO.	5. MONTHLY SALARY		
DETAILS OF APPLICATION							
6. a) TYPE OF L	EAVE:			,	LEAVE WILL BE SPE SE OF VACATION LE		
[] Vacation	seek employme	ent		\ <i>\</i>	Within the Philippines	AVE.	
				[] Abroad (specify)			
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[] Sick				IN CASE OF SICK LEAVE			
[] Maternity [] Others (s				l I	In hospital (specify)		
	pecity)			[]	Out patient (specify) _		
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6. c) NUMBER OF	WORKING D	AY/S APPLIED		()	MUTATION		
For	(day/c)			l I	Requested [] Not	t Requested	
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Inclusive Dates	S						
				(Signature of Applicant)			
		DETAILS ON	ACTIC	N ON APPLIC	ATION		
7. a) CERTIFICA	TION OF LEA	/E CREDITS		7. b) RECOMMENDATION [] Approval			
As of							
Vacation	Sick	Total		[] Disapproval due to			
Vacation	SICK	Total					
Days	Days	Days					
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				School Head			
MAG	DALENA A. L	UCILLO		LEONA	RDO C. CANLAS Ed	O, CESO VI	
	trative Officer	V – HRMO			t Schools Division Sup	erintendent	
7. c) APPROVED) FOR:			7. d) DISAPPI	ROVED DUE TO:		
	day/s wit	h nav					
day/s with pay							
others (specify)							
Арр			Аррі	roved:			
NORMA P. ESTEBAN EdD, CESO V							
Data	Schools Division Superintendent						
Date:							

Note: Use this form for leave of absence of Non-Teaching Personnel – School Based (for more than 60 calendar days to one (1) year)

APPLICATION FOR LEAVE

1. OFFICE/AGEN	CY	2. NAME		(Last)	(First)	(Middle)		
3. DATE OF FILIN	NG	4. POSITION/E	MPLOY	EE NO.	5. MONTHLY SALAI	RY		
		DETAI	1005	ADDI IOATION				
6. a) TYPE OF LI	FAVE:	DETAI	LS OF	APPLICATION 6. b) WHERE	I LEAVE WILL BE SPE	NT:		
[] Vacation					SE OF VACATION LE			
	seek employme				Within the Philippines			
[] Others (specify			l I	Abroad (specify)				
[] Sick				IN CASE OF SICK LEAVE				
[] Maternity	'f \			[] In hospital (specify)				
[] Others (s	ресіту)			_ []	Out patient (specify) _			
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6. c) NUMBER OF	WORKING DA	AY/S APPLIED		\ /	MUTATION	. Danisa ta d		
For	(dav/s)			l I	Requested [] Not	r Requested		
	(aaj/o/							
Inclusive Dates					/Cianatana af Analiana	1\		
					(Signature of Applican	ı)		
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7. a) CERTIFICA As of				7. b) RECOMI				
7.0 01					proval due to			
Vacation	Sick	Total						
Days	Days	Days						
Bayo	Dayo	Buyo						
				PHC	DDA T. RAZON EdD, (SESO V		
					e of the Assistant Reg			
	DALENA A. L				•			
	trative Officer I	V – HRMO		2 4) DICADDI	DOVED DUE TO:			
7. c) APPROVED	FUR.			7. a) DISAPPI	ROVED DUE TO:			
	day/s wit							
day/s without pay								
others (specify) App			Appı	roved:				
MAY B. ECLAR PhD, CESO III								
Deter			Regiona	al Director				
Date:								

Note: Use this form for leave of absence of Schools Division Superintendent and Assistant Schools Division Superintendent