## APPLICATION FOR LEAVE (SCHOOL FORM)

DETAILS OF APPLICATION   5. MONTHLY SALARY					
6. a) TYPE OF LEAVE:  [ ] Vacation [ ] To seek employment [ ] Others (specify					
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[ ] Vacation         [ ] To seek employment         [ ] Others (specify					
[ ] To seek employment [ ] Others (specify					
[ ] Others (specify					
[ ] Sick					
[ ] Sick [ ] Maternity [ ] Others (specify)					
[ ] Maternity [ ] Others (specify)					
[ ] Others (specify)   document attached (ex. medical certificate)    Signature of Applicant   Communication   Communic					
[ ] Out patient (specify) attached (ex. medical certificate)  For day/s) Inclusive Dates (Signature of Applicant)  DETAILS ON ACTION ON APPLICATION  7. a) CERTIFICATION OF LEAVE CREDITS As of					
Commutation					
Forday/s) Inclusive Dates					
Forday/s) Inclusive Dates					
Total (Signature of Applicant)					
Total (Signature of Applicant)					
Total  DETAILS ON ACTION ON APPLICATION  7. a) CERTIFICATION OF LEAVE CREDITS As of  Vacation Sick Total  DETAILS ON ACTION ON APPLICATION 7. b) RECOMMENDATION [ ] Approval [ ] Disapproval due to					
7. a) CERTIFICATION OF LEAVE CREDITS As of  Vacation Sick Total  7. b) RECOMMENDATION  [ ] Approval  [ ] Disapproval due to					
7. a) CERTIFICATION OF LEAVE CREDITS As of  Vacation Sick Total  7. b) RECOMMENDATION  [ ] Approval  [ ] Disapproval due to					
As of [ ] Approval [ ] Disapproval due to [ ] Disapproval due to					
Vacation Sick Total [ ] Disapproval due to					
Vacation Sick Total					
Days Days					
School Head					
MAGDALENA A. LUCILLO					
Administrative Officer IV – HRMO					
7. c) APPROVED FOR: 7. d) DISAPPROVED DUE TO:					
day/s with pay					
day/s with pay					
others (specify)					
Approved:					
LEONADDO C. CANILAS END. CESO VI					
LEONARDO C. CANLAS EdD, CESO VI Assistant Schools Division Superintendent					
Date:					

Note: Use this form for leave of absence of Teacher I – III and Master Teacher I – II for up to 60 calendar days.

## APPLICATION FOR LEAVE (SCHOOL FORM)

Fill-up according to the document attached (ex. medical certificate)

1. OFFICE/AGENCY	2. NAME	(Last)		(First)	(Middle)	
3. DATE OF FILING	4. POSITION/	4. POSITION/EMPLOYEE NO.			5. MONTHLY SALARY	
DETAILS OF APPLICATION						
6. a) TYPE OF LEAVE:  [ ] Vacation   [ ] To seek employment   [ ] Others (specify			6. b) WHERE LEAVE WILL BE SPENT:  (1) IN CASE OF VACATION LEAVE  [ ] Within the Philippines  [ ] Abroad (specify)			
[ ] Sick [ ] Maternity [ ] Others (specify)			IN CASE OF SICK LEAVE  [ ] In hospital (specify)  [ ] Out patient (specify)  (2) COMMUTATION  [ ] Requested [ ] Not Requested			
6. c) NUMBER OF WORKING DAY/S APPLIED  Forday/s)  Inclusive Dates						
Inclusive Dates			(Signature of Applicant)			
DETAILS ON ACTION ON APPLICATION						
7. a) CERTIFICATION OF LEAVE CREDITS As of			7. b) RECOMMENDATION [ ] Approval			
Vacation Sick	Total		] Disap <sub>l</sub>	oroval due to		
Days Days	Days					
School Head						
MAGDALENA A. LUCILLO Administrative Officer IV – HRMO			LEONARDO C. CANLAS EdD, CESO VI Assistant Schools Division Superintendent			
7. c) APPROVED FOR:			7. d) DISAPPROVED DUE TO:			
day/s with pay day/s without pay others (specify)						
NORMA P. ESTEBAN EdD, CESO V  Schools Division Superintendent  Date:						

Note: Use this form for leave of absence of **Teacher I – III** and **Master Teacher I – II for more than 60 calendar** days to one (1) year.