

**APPLICATION FOR LEAVE (SCHOOL FORM)**

1. OFFICE/AGENCY	2. NAME	(Last)	(First)	(Middle)						
3. DATE OF FILING	4. POSITION/EMPLOYEE NO.		5. MONTHLY SALARY							
<b>DETAILS OF APPLICATION</b>										
6. a) TYPE OF LEAVE:			6. b) WHERE LEAVE WILL BE SPENT:							
<input type="checkbox"/> Vacation <input type="checkbox"/> To seek employment <input type="checkbox"/> Others (specify _____)  <input type="checkbox"/> Sick <input type="checkbox"/> Maternity <input type="checkbox"/> Others (specify _____)			(1) 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) _____  (2) COMMUTATION <input type="checkbox"/> Requested <input type="checkbox"/> Not Requested  _____ (Signature of Applicant)							
6. c) NUMBER OF WORKING DAY/S APPLIED										
For _____ day/s)										
Inclusive Dates _____										
_____										
<b>DETAILS ON ACTION ON APPLICATION</b>										
7. a) CERTIFICATION OF LEAVE CREDITS			7. b) RECOMMENDATION							
As of _____			<input type="checkbox"/> Approval <input type="checkbox"/> Disapproval due to _____  _____ School Head							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Vacation</td> <td style="width:33%;">Sick</td> <td style="width:33%;">Total</td> </tr> <tr> <td>Days</td> <td>Days</td> <td>Days</td> </tr> </table> <p style="text-align:center;"><b>RIA LORRAINE P. MENDOZA</b> Administrative Officer IV (HRMO)</p>			Vacation	Sick	Total	Days	Days	Days		
Vacation	Sick	Total								
Days	Days	Days								
7. c) APPROVED FOR:			7. d) DISAPPROVED DUE TO:							
_____ day/s with pay _____ day/s without pay _____ others (specify)			_____ _____							
Approved:										
<p><b>MELISSA S. SANCHEZ</b> Officer – In- Charge Office of the Assistant Schools Division Superintendent</p>										
Date: _____										

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

*Note: Use this form for leave of absence of **Teacher I – III** and **Master Teacher I – II** for 30 days and below.*