

**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<br><input type="checkbox"/> To seek employment<br><input type="checkbox"/> Others (specify _____)<br><br><input type="checkbox"/> Sick<br><input type="checkbox"/> Maternity<br><input type="checkbox"/> Others (specify _____)   |                          |        | (1) IN CASE OF VACATION LEAVE<br><input type="checkbox"/> Within the Philippines<br><input type="checkbox"/> Abroad (specify) _____<br><br>IN CASE OF SICK LEAVE<br><input type="checkbox"/> In hospital (specify) _____<br><input type="checkbox"/> Out patient (specify) _____<br><br>(2) COMMUTATION<br><input type="checkbox"/> Requested <input type="checkbox"/> Not Requested<br><br>_____<br>(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<br><input type="checkbox"/> Disapproval due to _____<br><br>_____<br>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><br><p style="text-align:center;"><b>RIA LORRAINE P. MENDOZA</b><br/>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<br>_____ day/s without pay<br>_____ others (specify)   |                          |        | _____<br>_____  |          |       |      |      |      |  |  |
| Approved:   |                          |        |   |          |       |      |      |      |  |  |
| <p><b>MERLINA P. CRUZ, Ph. D.</b><br/>Officer – In- Charge<br/>Office of the 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 31 days and above.*