

APPLICATION FOR LEAVE

1. OFFICE/AGENCY	2. NAME	(Last)	(First)	(Middle)
3. DATE OF FILING	4. POSITION/EMPLOYEE NO.		5. MONTHLY SALARY	

DETAILS OF APPLICATION

<p>6. a) TYPE OF LEAVE:</p> <p><input type="checkbox"/> Vacation</p> <p style="padding-left: 20px;"><input type="checkbox"/> To seek employment</p> <p style="padding-left: 20px;"><input type="checkbox"/> Others (specify _____)</p> <p><input type="checkbox"/> Sick</p> <p><input type="checkbox"/> Maternity</p> <p><input type="checkbox"/> Others (specify _____)</p> <p>6. c) NUMBER OF WORKING DAY/S APPLIED</p> <p>For _____ (day/s) _____</p> <p>Inclusive Dates _____</p> <p>_____</p>	<p>6. b) WHERE LEAVE WILL BE SPENT:</p> <p>(1) IN CASE OF VACATION LEAVE</p> <p style="padding-left: 20px;"><input type="checkbox"/> Within the Philippines</p> <p style="padding-left: 20px;"><input type="checkbox"/> Abroad (specify) _____</p> <p>IN CASE OF SICK LEAVE</p> <p style="padding-left: 20px;"><input type="checkbox"/> In hospital (specify) _____</p> <p style="padding-left: 20px;"><input type="checkbox"/> Out patient (specify) _____</p> <p>(2) COMMUTATION</p> <p style="padding-left: 20px;"><input type="checkbox"/> Requested <input type="checkbox"/> Not Requested</p> <p style="text-align: center;">_____ (Signature of Applicant)</p>
--	---

DETAILS ON ACTION ON APPLICATION

<p>7. a) CERTIFICATION OF LEAVE CREDITS</p> <p>As of _____</p> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width:33%;">Vacation</td> <td style="width:33%;">Sick</td> <td style="width:33%;">Total</td> </tr> <tr> <td style="text-align: center;">Days</td> <td style="text-align: center;">Days</td> <td style="text-align: center;">Days</td> </tr> </table> <p style="text-align: center; margin-top: 20px;">MAGDALENA A. LUCILLO Administrative Officer IV – HRMO</p>	Vacation	Sick	Total	Days	Days	Days	<p>7. b) RECOMMENDATION</p> <p><input type="checkbox"/> Approval</p> <p><input type="checkbox"/> Disapproval due to _____</p> <p style="text-align: center; margin-top: 20px;">LEONARDO C. CANLAS EdD, CESO VI Assistant Schools Division Superintendent</p>
Vacation	Sick	Total					
Days	Days	Days					

<p>7. c) APPROVED FOR:</p> <p>_____ day/s with pay</p> <p>_____ day/s without pay</p> <p>_____ others (specify)</p>	<p>7. d) DISAPPROVED DUE TO:</p> <p>_____</p> <p>_____</p>
---	--

Approved:

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/EMPLOYEE NO.	5. MONTHLY SALARY	

DETAILS OF APPLICATION

<p>6. a) TYPE OF LEAVE:</p> <p><input type="checkbox"/> Vacation <input type="checkbox"/> To seek employment <input type="checkbox"/> Others (specify _____)</p> <p><input type="checkbox"/> Sick <input type="checkbox"/> Maternity <input type="checkbox"/> Others (specify _____)</p> <p>6. c) NUMBER OF WORKING DAY/S APPLIED</p> <p>For _____ (day/s) _____</p> <p>Inclusive Dates _____</p>	<p>6. b) WHERE LEAVE WILL BE SPENT:</p> <p>(1) IN CASE OF VACATION LEAVE <input type="checkbox"/> Within the Philippines <input type="checkbox"/> Abroad (specify _____)</p> <p>IN CASE OF SICK LEAVE <input type="checkbox"/> In hospital (specify _____) <input type="checkbox"/> Out patient (specify _____)</p> <p>(2) COMMUTATION <input type="checkbox"/> Requested <input type="checkbox"/> Not Requested</p> <p>_____ (Signature of Applicant)</p>
---	--

DETAILS ON ACTION ON APPLICATION

<p>7. a) CERTIFICATION OF LEAVE CREDITS As of _____</p> <table border="1" style="width: 100%;"> <tr> <td>Vacation</td> <td>Sick</td> <td>Total</td> </tr> <tr> <td>Days</td> <td>Days</td> <td>Days</td> </tr> </table> <p>MAGDALENA A. LUCILLO Administrative Officer IV – HRMO</p>	Vacation	Sick	Total	Days	Days	Days	<p>7. b) RECOMMENDATION <input type="checkbox"/> Approval <input type="checkbox"/> Disapproval due to _____</p> <p>_____ Division Chief</p>
Vacation	Sick	Total					
Days	Days	Days					

<p>7. c) APPROVED FOR:</p> <p>_____ day/s with pay _____ day/s without pay _____ others (specify)</p>	<p>7. d) DISAPPROVED DUE TO:</p> <p>_____ _____</p>
---	--

Approved:

LEONARDO C. CANLAS EdD, CESO VI
Assistant Schools Division Superintendent

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/EMPLOYEE NO.	5. MONTHLY SALARY	

DETAILS OF APPLICATION

<p>6. a) TYPE OF LEAVE:</p> <p><input type="checkbox"/> Vacation</p> <p><input type="checkbox"/> To seek employment</p> <p><input type="checkbox"/> Others (specify _____)</p> <p><input type="checkbox"/> Sick</p> <p><input type="checkbox"/> Maternity</p> <p><input type="checkbox"/> Others (specify _____)</p>	<p>6. b) WHERE LEAVE WILL BE SPENT:</p> <p>(1) IN CASE OF VACATION LEAVE</p> <p><input type="checkbox"/> Within the Philippines</p> <p><input type="checkbox"/> Abroad (specify _____)</p> <p>IN CASE OF SICK LEAVE</p> <p><input type="checkbox"/> In hospital (specify _____)</p> <p><input type="checkbox"/> Out patient (specify _____)</p> <p>(2) COMMUTATION</p> <p><input type="checkbox"/> Requested <input type="checkbox"/> Not Requested</p> <p>_____ (Signature of Applicant)</p>
<p>6. c) NUMBER OF WORKING DAY/S APPLIED</p> <p>For _____ (day/s) _____</p> <p>Inclusive Dates _____</p> <p>_____</p>	

DETAILS ON ACTION ON APPLICATION

<p>7. a) CERTIFICATION OF LEAVE CREDITS</p> <p>As of _____</p> <table border="1"> <tr> <td>Vacation</td> <td>Sick</td> <td>Total</td> </tr> <tr> <td>Days</td> <td>Days</td> <td>Days</td> </tr> </table> <p>MAGDALENA A. LUCILLO Administrative Officer IV – HRMO</p>	Vacation	Sick	Total	Days	Days	Days	<p>7. b) RECOMMENDATION</p> <p><input type="checkbox"/> Approval</p> <p><input type="checkbox"/> Disapproval due to _____</p> <p>_____ Division Chief</p> <p>LEONARDO C. CANLAS EdD, CESO VI Assistant Schools Division Superintendent</p>
Vacation	Sick	Total					
Days	Days	Days					

<p>7. c) APPROVED FOR:</p> <p>_____ day/s with pay</p> <p>_____ day/s without pay</p> <p>_____ others (specify)</p>	<p>7. d) DISAPPROVED DUE TO:</p> <p>_____</p> <p>_____</p>
<p>Approved:</p> <p>NORMA P. ESTEBAN EdD, CESO V Schools Division Superintendent</p> <p>Date: _____</p>	

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/AGENCY	2. NAME (Last)	(First)	(Middle)
3. DATE OF FILING	4. POSITION/EMPLOYEE NO.	5. MONTHLY SALARY	

DETAILS OF APPLICATION

<p>6. a) TYPE OF LEAVE:</p> <p><input type="checkbox"/> Vacation</p> <p><input type="checkbox"/> To seek employment</p> <p><input type="checkbox"/> Others (specify _____)</p> <p><input type="checkbox"/> Sick</p> <p><input type="checkbox"/> Maternity</p> <p><input type="checkbox"/> Others (specify _____)</p> <p>6. c) NUMBER OF WORKING DAY/S APPLIED</p> <p>For _____ (day/s) _____</p> <p>Inclusive Dates _____</p>	<p>6. b) WHERE LEAVE WILL BE SPENT:</p> <p>(1) IN CASE OF VACATION LEAVE</p> <p><input type="checkbox"/> Within the Philippines</p> <p><input type="checkbox"/> Abroad (specify) _____</p> <p>IN CASE OF SICK LEAVE</p> <p><input type="checkbox"/> In hospital (specify) _____</p> <p><input type="checkbox"/> Out patient (specify) _____</p> <p>(2) COMMUTATION</p> <p><input type="checkbox"/> Requested <input type="checkbox"/> Not Requested</p> <p>_____ (Signature of Applicant)</p>
---	---

DETAILS ON ACTION ON APPLICATION

<p>7. a) CERTIFICATION OF LEAVE CREDITS</p> <p>As of _____</p> <table border="1" style="width: 100%; text-align: center;"> <tr> <td>Vacation</td> <td>Sick</td> <td>Total</td> </tr> <tr> <td>Days</td> <td>Days</td> <td>Days</td> </tr> </table> <p style="text-align: center;"><u>MAGDALENA A. LUCILLO</u> Administrative Officer IV – HRMO</p>	Vacation	Sick	Total	Days	Days	Days	<p>7. b) RECOMMENDATION</p> <p><input type="checkbox"/> Approval</p> <p><input type="checkbox"/> Disapproval due to _____</p> <p style="text-align: center;"><u>LEONARDO C. CANLAS EdD, CESO VI</u> Assistant Schools Division Superintendent</p>
Vacation	Sick	Total					
Days	Days	Days					

<p>7. c) APPROVED FOR:</p> <p>_____ day/s with pay</p> <p>_____ day/s without pay</p> <p>_____ others (specify)</p> <p style="text-align: center;">Approved:</p> <p style="text-align: center;"><u>NORMA P. ESTEBAN EdD, CESO V</u> Schools Division Superintendent</p>	<p>7. d) DISAPPROVED DUE TO:</p> <p>_____</p> <p>_____</p>
--	--

Date: _____

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

APPLICATION FOR LEAVE

1. OFFICE/AGENCY	2. NAME (Last)	(First)	(Middle)
3. DATE OF FILING	4. POSITION/EMPLOYEE NO.	5. MONTHLY SALARY	

DETAILS OF APPLICATION

<p>6. a) TYPE OF LEAVE:</p> <p><input type="checkbox"/> Vacation <input type="checkbox"/> To seek employment <input type="checkbox"/> Others (specify _____)</p> <p><input type="checkbox"/> Sick <input type="checkbox"/> Maternity <input type="checkbox"/> Others (specify _____)</p> <p>6. c) NUMBER OF WORKING DAY/S APPLIED</p> <p>For _____ (day/s) _____</p> <p>Inclusive Dates _____</p> <p>_____</p>	<p>6. b) WHERE LEAVE WILL BE SPENT:</p> <p>(1) IN CASE OF VACATION LEAVE <input type="checkbox"/> Within the Philippines <input type="checkbox"/> Abroad (specify _____)</p> <p>IN CASE OF SICK LEAVE <input type="checkbox"/> In hospital (specify _____) <input type="checkbox"/> Out patient (specify _____)</p> <p>(2) COMMUTATION <input type="checkbox"/> Requested <input type="checkbox"/> Not Requested</p> <p>_____ (Signature of Applicant)</p>
--	---

DETAILS ON ACTION ON APPLICATION

<p>7. a) CERTIFICATION OF LEAVE CREDITS As of _____</p> <table border="1" style="width: 100%;"> <tr> <td>Vacation</td> <td>Sick</td> <td>Total</td> </tr> <tr> <td>Days</td> <td>Days</td> <td>Days</td> </tr> </table> <p style="text-align: center;">MAGDALENA A. LUCILLO Administrative Officer IV – HRMO</p>	Vacation	Sick	Total	Days	Days	Days	<p>7. b) RECOMMENDATION <input type="checkbox"/> Approval <input type="checkbox"/> Disapproval due to _____</p> <p>_____ School Head</p>
Vacation	Sick	Total					
Days	Days	Days					

<p>7. c) APPROVED FOR:</p> <p>_____ day/s with pay _____ day/s without pay _____ others (specify)</p>	<p>7. d) DISAPPROVED DUE TO:</p> <p>_____ _____</p>
---	--

Approved:

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/AGENCY	2. NAME (Last)	(First)	(Middle)
3. DATE OF FILING	4. POSITION/EMPLOYEE NO.	5. MONTHLY SALARY	

DETAILS OF APPLICATION

<p>6. a) TYPE OF LEAVE:</p> <p><input type="checkbox"/> Vacation <input type="checkbox"/> To seek employment <input type="checkbox"/> Others (specify _____)</p> <p><input type="checkbox"/> Sick <input type="checkbox"/> Maternity <input type="checkbox"/> Others (specify _____)</p> <p>6. c) NUMBER OF WORKING DAY/S APPLIED</p> <p>For _____ (day/s) _____</p> <p>Inclusive Dates _____</p>	<p>6. b) WHERE LEAVE WILL BE SPENT:</p> <p>(1) IN CASE OF VACATION LEAVE <input type="checkbox"/> Within the Philippines <input type="checkbox"/> Abroad (specify _____)</p> <p>IN CASE OF SICK LEAVE <input type="checkbox"/> In hospital (specify _____) <input type="checkbox"/> Out patient (specify _____)</p> <p>(2) COMMUTATION <input type="checkbox"/> Requested <input type="checkbox"/> Not Requested</p> <p style="text-align: center;">_____ (Signature of Applicant)</p>
---	---

DETAILS ON ACTION ON APPLICATION

<p>7. a) CERTIFICATION OF LEAVE CREDITS As of _____</p> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <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; margin-top: 20px;"><u>MAGDALENA A. LUCILLO</u> Administrative Officer IV – HRMO</p>	Vacation	Sick	Total	Days	Days	Days	<p>7. b) RECOMMENDATION <input type="checkbox"/> Approval <input type="checkbox"/> Disapproval due to _____</p> <p style="text-align: center; margin-top: 20px;">_____ School Head</p> <p style="text-align: center; margin-top: 20px;"><u>LEONARDO C. CANLAS EdD, CESO VI</u> Assistant Schools Division Superintendent</p>
Vacation	Sick	Total					
Days	Days	Days					

<p>7. c) APPROVED FOR:</p> <p>_____ day/s with pay _____ day/s without pay _____ others (specify)</p>	<p>7. d) DISAPPROVED DUE TO:</p> <p>_____ _____</p>
<p>Approved:</p> <p style="margin-top: 20px;"><u>NORMA P. ESTEBAN EdD, CESO V</u> Schools Division Superintendent</p> <p>Date: _____</p>	

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/AGENCY	2. NAME (Last)	(First)	(Middle)
3. DATE OF FILING	4. POSITION/EMPLOYEE NO.	5. MONTHLY SALARY	

DETAILS OF APPLICATION

<p>6. a) TYPE OF LEAVE:</p> <p><input type="checkbox"/> Vacation <input type="checkbox"/> To seek employment <input type="checkbox"/> Others (specify _____)</p> <p><input type="checkbox"/> Sick <input type="checkbox"/> Maternity <input type="checkbox"/> Others (specify _____)</p> <p>6. c) NUMBER OF WORKING DAY/S APPLIED</p> <p>For _____ (day/s) _____</p> <p>Inclusive Dates _____</p>	<p>6. b) WHERE LEAVE WILL BE SPENT:</p> <p>(1) IN CASE OF VACATION LEAVE <input type="checkbox"/> Within the Philippines <input type="checkbox"/> Abroad (specify _____)</p> <p>IN CASE OF SICK LEAVE <input type="checkbox"/> In hospital (specify _____) <input type="checkbox"/> Out patient (specify _____)</p> <p>(2) COMMUTATION <input type="checkbox"/> Requested <input type="checkbox"/> Not Requested</p> <p style="text-align: center;">_____ (Signature of Applicant)</p>
---	---

DETAILS ON ACTION ON APPLICATION

<p>7. a) CERTIFICATION OF LEAVE CREDITS As of _____</p> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <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; margin-top: 20px;">MAGDALENA A. LUCILLO Administrative Officer IV – HRMO</p>	Vacation	Sick	Total	Days	Days	Days	<p>7. b) RECOMMENDATION <input type="checkbox"/> Approval <input type="checkbox"/> Disapproval due to _____</p> <p style="text-align: center; margin-top: 20px;">RHODA T. RAZON EdD, CESO V OIC- Office of the Assistant Regional Director</p>
Vacation	Sick	Total					
Days	Days	Days					
<p>7. c) APPROVED FOR:</p> <p>_____ day/s with pay _____ day/s without pay _____ others (specify)</p> <p style="text-align: center; margin-top: 20px;">Approved: MAY B. ECLAR PhD, CESO III Regional Director</p>	<p>7. d) DISAPPROVED DUE TO:</p> <p>_____ _____</p>						

Date: _____

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