

APPLICATION FOR LEAVE (SCHOOL FORM)

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

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;"><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;">_____ 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 style="text-align: center;">Approved:</p> <p style="text-align: center;"><u>LEONARDO C. CANLAS EdD, CESO VI</u> Assistant Schools Division Superintendent</p> <p>Date: _____</p>	<p>7. d) DISAPPROVED DUE TO:</p> <p>_____</p> <p>_____</p>
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*Note: Use this form for leave of absence of **Teacher I – III** and **Master Teacher I – II** for up to 60 calendar days.*

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Approved:

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.