

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

6. a) TYPE OF LEAVE: <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 _____) 6. c) NUMBER OF WORKING DAY/S APPLIED For _____ (day/s) _____ Inclusive Dates _____ _____	6. b) WHERE LEAVE WILL BE SPENT: (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)
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DETAILS ON ACTION ON APPLICATION

7. a) CERTIFICATION OF LEAVE CREDITS As of _____ <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 style="text-align: center;">RIA LORRAINE P. MENDOZA Administrative Officer IV (HRMO)</p>	Vacation	Sick	Total	Days	Days	Days	7. b) RECOMMENDATION <input type="checkbox"/> Approval <input type="checkbox"/> Disapproval due to _____ _____ <p style="text-align: center;">RISA BEA SOCORRO M. BORRES Administrative Officer V Administrative Services</p>
Vacation	Sick	Total					
Days	Days	Days					
7. c) APPROVED FOR: _____ day/s with pay _____ day/s without pay _____ others (specify) <p style="text-align: center;">Recommending Approval: MERLINA P. CRUZ, Ph. D. Officer – In- Charge Office of the Schools Division Superintendent</p>	7. d) DISAPPROVED DUE TO: _____ _____						

Date: _____

Note: Use this form for leave of absence of Non-Teaching Personnel – (PSDS, Division Office Personnel, SHS Non-Teaching)

**for Head Teacher, School Head*