

TRAVEL ABROAD

CSC Form 6

Revised 1984

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</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>_____</p> <p>(Signature of Applicant)</p>
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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>RIA LORRAINE P. MENDOZA 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>_____</p> <p>School Head</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>						

Recommending Approval:

MERLINA P. CRUZ, Ph. D.

Officer – In- Charge

Office of the Schools Division Superintendent

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