

**FOR TEACHING (T1 – MT)**

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	
<b>DETAILS OF APPLICATION</b>				
6. a) TYPE OF LEAVE:			6. b) WHERE LEAVE WILL BE SPENT:	
<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 _____)			(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 _____)	
6. c) NUMBER OF WORKING DAY/S APPLIED			(2) COMMUTATION	
For _____ day/s			<input type="checkbox"/> Requested <input type="checkbox"/> Not Requested	
Inclusive Dates _____			_____ (Signature of Applicant)	
<b>DETAILS ON ACTION ON APPLICATION</b>				
7. a) CERTIFICATION OF LEAVE CREDITS			7. b) RECOMMENDATION	
As of _____			<input type="checkbox"/> Approval <input type="checkbox"/> Disapproval due to _____	
Vacation	Sick	Total	_____  <b>School Head</b>	
Days	Days	Days		
<b>MAGDALENA A. LUCILLO</b> Administrative Officer V				
7. c) APPROVED FOR:			7. d) DISAPPROVED DUE TO:	
_____ day/s with pay _____ day/s without pay _____ others (specify)			_____ _____	
Approved:				
<b>LEONARDO C. CANLAS, EdD., CESO VI</b> Assistant Schools Division Superintendent				
Date: _____				

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

*Note: Use this form for leave of absence of Teacher I – III, Master Teacher I – II for 30 days and below.*