

**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<br><input type="checkbox"/> To seek employment<br><input type="checkbox"/> Others (specify _____) |                          |        | (1) IN CASE OF VACATION LEAVE<br><input type="checkbox"/> Within the Philippines<br><input type="checkbox"/> Abroad (specify _____)   |          |
| <input type="checkbox"/> Sick<br><input type="checkbox"/> Maternity<br><input type="checkbox"/> Others (specify _____)              |                          |        | IN CASE OF SICK LEAVE<br><input type="checkbox"/> In hospital (specify _____)<br><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 _____   |                          |        | _____<br>(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<br><input type="checkbox"/> Disapproval due to _____  |          |
| Vacation  | Sick                     | Total  | _____<br><br><b>School Head</b>   |          |
| Days  | Days                     | Days   |   |          |
| <b>MAGDALENA A. LUCILLO</b><br>Administrative Officer IV – HRMO   |                          |        |   |          |
| 7. c) APPROVED FOR:   |                          |        | 7. d) DISAPPROVED DUE TO:   |          |
| _____ day/s with pay<br>_____ day/s without pay<br>_____ others (specify)   |                          |        | _____<br>_____  |          |
| Approved:   |                          |        |   |          |
| <b>NORMA P. ESTEBAN, Ed.D., CESO V</b><br>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 and Master Teacher I – II for 31 days and above.*