

APPLICATION FOR LEAVE

CSC FORM NO. 6
Revised 1984

OFFICE / AGENCY	NAME:	(Last)	(First)	(Middle)
<hr/>				
DATE OF FILING	POSITION	Salary (Monthly)		
<hr/>				

DETAILS OF APPLICATION

<p>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>B) WHERE LEAVE BE SPENT</p> <p>[] 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>C) NUMBER OF WORKING DAYS APPLIED FOR _____</p> <p>INCLUSIVE DATES _____</p>	<p>D) COMMUTAION</p> <p><input type="checkbox"/> REQUESTED</p> <p><input type="checkbox"/> NOT REQUESTED</p>
<p>_____</p> <p>(Signature of Applicant)</p>	

DETAILS OF ACTION OF APPLICATIONS

<p>A) CERTIFICATION OF LEAVE CREDITS</p> <p>AS OF _____</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align:center;">Vacation</td> <td style="width:33%; text-align:center;">Sick</td> <td style="width:33%; text-align:center;">Total</td> </tr> <tr> <td style="text-align:center;">_____</td> <td style="text-align:center;">_____</td> <td style="text-align:center;">_____</td> </tr> <tr> <td style="text-align:center;">Days</td> <td style="text-align:center;">Days</td> <td style="text-align:center;">Days</td> </tr> </table> <p align="center" style="margin-top: 20px;">_____</p> <p align="center">HR Section Head</p>	Vacation	Sick	Total	_____	_____	_____	Days	Days	Days	<p>B) RECOMMENDATION</p> <p><input type="checkbox"/> Approval</p> <p><input type="checkbox"/> Disapproval due to _____</p> <p align="center" style="margin-top: 20px;">_____</p> <p align="center">Head of Department</p>
Vacation	Sick	Total								
_____	_____	_____								
Days	Days	Days								

<p>C) APPROVED FOR</p> <p>_____ Days with pay</p> <p>_____ Days without pay</p> <p>_____ Others (Specify)</p>	<p>D) DISAPPROVED DUE TO</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>GLORY V. BALTAZAR, MD, MPH, MHA, CESe</p> <p>Medical Center Chief I</p>	
<p>DATE: _____</p>	<p>By authority of the Secretary of Health</p> <p>_____</p> <p align="center">Signature</p>