APPLICATION FOR LEAVE

| 1. OFFICE/AGENCY | 2. NAME | | (Last) | (First) | (Middle) | | | | | |
|---|---------------------------|----------|-------------------------------------|--------------------------|-------------|--|--|--|--|--|
| DepED-Division Office 3. DATE OF FILING | 4. POSITION/EN | ADI OVEE | NO | 5. MONTHLY SALARY | , | | | | | |
| 3. DATE OF FILING | 4. POSITION/EI | VIPLOTEE | NO. | 5. WONTHLY SALARY | | | | | | |
| DETAILS OF APPLICATION | | | | | | | | | | |
| 6. a) TYPE OF LEAVE: 6. b) WHERE LEAVE WILL BE SPENT: | | | | | | | | | | |
| [] Vacation | | | (1) IN CASE OF VACATION LEAVE | | | | | | | |
| [] To seek employn | nent | | [] Within the Philippines | | | | | | | |
| Others (specify | | | [x] Abroad (specify) | | | | | | | |
| | IN CASE OF SICK LEAVE | | | | | | | | | |
| [] Maternity | [] In hospital (specify) | | | | | | | | | |
| Others (specify) | | | | | | | | | | |
| | | | [] Out patient (specify) | | | | | | | |
| 6. c) NUMBER OF WORKING DAY/S APPLIED | | | (2) COMMUTATION | | | | | | | |
| o. of Normality of Work with String to the Control of the Control | | | |] Requested [] Not Re | equested | | | | | |
| For | | İ | | | | | | | | |
| Inclusive Dates | | | | | | | | | | |
| moldsive Dates | | I | | (Signature of Applicant) | | | | | | |
| | | | | , , | | | | | | |
| DETAILS ON ACTION ON APPLICATION | | | | | | | | | | |
| 7. a) CERTIFICATION OF LEA | | | | MMENDATION | | | | | | |
| As of | | | [] Approval [] Disapproval due to | | | | | | | |
| Vacation Sick | Total | | [] Disa | pprovai duc to | | | | | | |
| | | | | | | | | | | |
| Days Days | Days | | | | | | | | | |
| | | | | School Head | | | | | | |
| | | | | | | | | | | |
| ARNELIA R | TRAJANO | | | | | | | | | |
| Administrative Officer V | | | | | | | | | | |
| 7. c) APPROVED FOR: | | | 7. d) DISAPPROVED DUE TO: | | | | | | | |
| day/s with pay | | | | | | | | | | |
| day/s with pay | | | | | | | | | | |
| others (specify) | | | | | | | | | | |
| | | | | | | | | | | |
| DR. ZENIA G. MOSTOLES | | | | | | | | | | |
| Assistant Schools Division Superintendent | | | | | | | | | | |
| Officer - In - Charge | | | | | | | | | | |
| Date: | | | | | | | | | | |

Note: Use this form for leave of absence of 31 days and above including Travel Abroad.

Request for authority to travel abroad should be filed 20 working days before actual departure.

APPLICATION FOR LEAVE

| 1. OFFICE/AGENO | CY | 2. NAME | | (Last) | | (First) | (Middle) | | | |
|---|----------|--------------------------|-----------------------------------|----------------------------------|----------------|---------------------|-----------|--|--|--|
| 3. DATE OF FILIN | G | 4. POSITION/EMPLOYEE NO. | | | | 5 MONTHIVENIAD | <u></u> | | | |
| J. DATE OF FILIN | <u> </u> | 4. PUSITIUN/EMPLUYEE NU. | | | | 5. MONTHLY SALARY | | | | |
| DETAILS OF APPLICATION | | | | | | | | | | |
| 6. a) TYPE OF LEAVE: | | | | 6. b) WHERE LEAVE WILL BE SPENT: | | | | | | |
| [] Vacation | | | | (3) IN CASE OF VACATION LEAVE | | | | | | |
| [] To seek employment | | | | [] Within the Philippines | | | | | | |
| [] Others (specify | | | [] Abroad (specify) | | | | | | | |
| [] Sick | | | | IN CASE OF SICK LEAVE | | | | | | |
| [] Maternity | | | | [] In hospital (specify) | | | | | | |
| [] Others (specify) | | | [] Out action (or a sit) | | | | | | | |
| | | | | [] Out patient (specify) | | | | | | |
| 6. c) NUMBER OF WORKING DAY/S APPLIED | | | (4) COMMUTATION | | | | | | | |
| · | | | | . , | [] | Requested [] Not F | Requested | | | |
| For(نـر.ـــــــــــــــــــــــــــــــــــ | | | | | | | | | | |
| Inclusive Dates | | | | | | | | | | |
| moldono Baloo | | | | (Signature of Applicant) | | | | | | |
| | | | | | | , , | | | | |
| 7) 0507151047 | | DETAILS ON | ACTIC | _ | | | | | | |
| 7. a) CERTIFICATION OF LEAVE CREDITS As of | | | 7. b) RECOMMENDATION [] Approval | | | | | | | |
| A5 01 | | | Disapproval due to | | | | | | | |
| Vacation | Sick | Total | | | | | | | | |
| | | | | | | | | | | |
| Days | Days | Days | | | | School Head | | | | |
| | | | | | | Ochool Ficad | | | | |
| | | | | | | | | | | |
| RIA LORRAINE P. MENDOZA | | | | | | | | | | |
| Administrative Officer II (HRMO I) | | | 7 d) D | IC A DDE | DOVED DITE TO: | | | | | |
| 7. c) APPROVED FOR: | | | 7. d) DISAPPROVED DUE TO: | | | | | | | |
| day/s with pay | | | | | | | | | | |
| day/s without pay | | | | | | | | | | |
| others (specify) | | | | | | | | | | |
| | | | | | | | | | | |
| ARNELIA R TRAJANO | | | | | | | | | | |
| Administrative Officer V | | | | | | | | | | |
| Date: | | | | | | | | | | |

Note: Use this form for leave of absence of 30 days and below including. For Sick leave of 6 days and above please attach a medical certificate using Form 41.