

**APPLICATION FOR LEAVE**

1. OFFICE/AGENCY DepED-Division Office	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: <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 _____)		6. b) WHERE LEAVE WILL BE SPENT: (1) IN CASE OF VACATION LEAVE <input type="checkbox"/> Within the Philippines <input checked="" type="checkbox"/> Abroad (specify _____)  IN CASE OF SICK LEAVE <input type="checkbox"/> In hospital (specify _____) <input type="checkbox"/> Out patient (specify _____)  (2) COMMUTATION <input type="checkbox"/> Requested <input type="checkbox"/> Not Requested  <div style="text-align:right;">_____ (Signature of Applicant)</div>							
6. c) NUMBER OF WORKING DAY/S APPLIED For _____ Inclusive Dates _____ _____									
<b>DETAILS ON ACTION ON APPLICATION</b>									
7. a) CERTIFICATION OF LEAVE CREDITS As of _____ <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width:33%;">Vacation</td> <td style="width:33%;">Sick</td> <td style="width:34%;">Total</td> </tr> <tr> <td>Days</td> <td>Days</td> <td>Days</td> </tr> </table> <div style="text-align:center;"><b>ARNELIA R TRAJANO</b> Administrative Officer V</div>		Vacation	Sick	Total	Days	Days	Days	7. b) RECOMMENDATION <input type="checkbox"/> Approval <input type="checkbox"/> Disapproval due to _____  <div style="text-align:right;">_____ School Head</div>	
Vacation	Sick	Total							
Days	Days	Days							
7. c) APPROVED FOR:  _____ day/s with pay _____ day/s without pay _____ others (specify)		7. d) DISAPPROVED DUE TO:  _____ _____							
<b>DR. ZENIA G. MOSTOLES</b> 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/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  <input type="checkbox"/> To seek employment  <input type="checkbox"/> Others (specify _____)</p> <p><input type="checkbox"/> Sick  <input type="checkbox"/> Maternity  <input type="checkbox"/> Others (specify _____)</p> <p>6. c) NUMBER OF WORKING DAY/S APPLIED</p> <p>For _____</p> <p>Inclusive Dates _____</p>	<p>6. b) WHERE LEAVE WILL BE SPENT:</p> <p>(3) IN CASE OF VACATION LEAVE  <input type="checkbox"/> Within the Philippines  <input type="checkbox"/> Abroad (specify _____)</p> <p>IN CASE OF SICK LEAVE  <input type="checkbox"/> In hospital (specify _____)  <input type="checkbox"/> Out patient (specify _____)</p> <p>(4) COMMUTATION  <input type="checkbox"/> Requested    <input type="checkbox"/> Not Requested</p> <p style="text-align: center;">_____ (Signature of Applicant)</p>
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#### DETAILS ON ACTION ON APPLICATION

<p>7. a) CERTIFICATION OF LEAVE CREDITS As of _____</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 33%;">Vacation</td> <td style="width: 33%;">Sick</td> <td style="width: 33%;">Total</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 style="text-align: center; margin-top: 20px;"><b>RIA LORRAINE P. MENDOZA</b> Administrative Officer II (HRMO I)</p>	Vacation	Sick	Total	Days	Days	Days	<p>7. b) RECOMMENDATION  <input type="checkbox"/> Approval  <input type="checkbox"/> Disapproval due to _____</p> <p style="text-align: center; margin-top: 20px;">_____ School Head</p>
Vacation	Sick	Total					
Days	Days	Days					

<p>7. c) APPROVED FOR:</p> <p>_____ day/s with pay          _____ day/s without pay          _____ others (specify _____)</p>	<p>7. d) DISAPPROVED DUE TO:</p> <p>_____ _____</p>
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**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.**