

## APPLICATION FOR LEAVE

CSC Form No. 6  
Revised 1984

1. OFFICE / AGENCY <b>DepEd Marikina</b>	2. NAME(Last) (First) (Middle)	
3. DATE OF FILING	4. POSITION	5. SALARY (Monthly)
6. DETAILS OF APPLICATION		

<p>6 a) TYPE OF LEAVE</p> <ul style="list-style-type: none"> <li>• Vacation             <ul style="list-style-type: none"> <li><input type="radio"/> To seek employment</li> <li><input type="radio"/> Others (specify) _____</li> </ul> </li> <li>• Sick</li> <li>• Maternity             <ul style="list-style-type: none"> <li><input type="radio"/> Others (specify) _____</li> </ul> </li> </ul> <p>6 c) NUMBER OF WORKING DAYS APPLIED For</p> <p>_____</p> <p>_____</p> <p>INCLUSIVE DATES:</p> <p>_____</p>	<p>6 b) WHERE LEAVE WILL BE SPENT:</p> <p>1. IN CASE OF VACATION LEAVE</p> <ul style="list-style-type: none"> <li><input type="radio"/> Within the Philippines</li> <li><input type="radio"/> Abroad ( specify) _____</li> <li>_____</li> <li><input type="radio"/> Out Patient (specify) _____</li> <li>_____</li> </ul> <p>6 d) COMMUTATION</p> <ul style="list-style-type: none"> <li><input type="radio"/> Requested    <input type="radio"/> Not Requested</li> </ul> <p style="text-align: center;">_____</p> <p style="text-align: center;">Signature of applicant</p>
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7. DETAILS OF ACTION OF APPLICATION

<p>7 a) CERTIFICATION OF LEAVE CREDITS</p> <p>As of _____</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 33%;">Vacation</td> <td style="width: 33%;">Sick</td> <td style="width: 33%;">Total</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>Days</td> <td>Days</td> <td>Days</td> </tr> </table> <p style="text-align: center;"><b>WILMA P. MONTALLA</b> Personnel Officer</p>	Vacation	Sick	Total				Days	Days	Days	<p>7 e) RECOMMENDATION</p> <ul style="list-style-type: none"> <li><input type="radio"/> Approval</li> <li><input type="radio"/> Disapproval due to _____</li> <li>_____</li> </ul>
Vacation	Sick	Total								
Days	Days	Days								

<p>7 c) APPROVED FOR:</p> <p>_____ days with pay</p> <p>_____ days without pay</p> <p>_____ other (specify)</p>	<p>7 d) DISAPPROVED DUE TO:</p> <p>_____</p> <p>_____</p> <p>_____</p>
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**CLARO L. CAPCO**  
**Administrative Officer V**  
**(Authorized official)**