	Vacation Leave	Sick Leave
Total Earned		
Less this application		
Balance		

Civil Service Form No.6

Revised 2020

ANNEX A

Republic of the Philippines

Department of Education

Region ____ - _____

Schools Division of _____

DATE OF RECEIPT

APPLICATION FOR LEAVE

1. OFFICE/DEPARTMENT	2. NAME: (Last)	(First)	(Middle)

3. DATE OF FILING _____ 4. POSITION _____ 5. SALARY _____

6. DETAILS OF APPLICATION

6.A TYPE OF LEAVE TO BE AVAILED OF

- ☐ Vacation Leave (Sec. 51, Rule XVI, Omnibus Rules Implementing E.O. No. 292)
- ☐ Mandatory/Forced Leave(Sec.25, Rule XVI, Omnibus Rules Implementing E.O. No.292)
- ☐ Sick Leave (Sec. 43, Rule XVI, Omnibus Rules Implementing E.O. No. 292)
- ☐ Maternity Leave (R.A. No. 11210 / IRR issued by CSC, DOLE and SSS)
- ☐ Paternity Leave (R.A. No. 8187 / CSC MC No. 71, s. 1998, as amended)
- ☐ Special Privilege Leave (Sec. 21, Rule XVI, Omnibus Rules Implementing E.O. No. 292)
- ☐ Solo Parent Leave (RA No. 8972 / CSC MC No. 8, s. 2004)
- ☐ Study Leave (Sec. 68, Rule XVI, Omnibus Rules Implementing E.O. No. 292)
- ☐ 10-Day VAWC Leave (RA No. 9262 / CSC MC No. 15, s. 2005)
- ☐ Rehabilitation Privilege (Sec. 55, Rule XVI, Omnibus Rules Implementing E.O. No. 292)
- ☐ Special Leave Benefits for Women (RA No. 9710 / CSC MC No. 25, s.2010)
- ☐ Special Emergency (Calamity) Leave (CSC MC No. 2, s. 2012, as amended)
- ☐ Adoption Leave(R.A. No. 8552)

Others: _____

6.B DETAILS OF LEAVE

In case of Vacation/Special Privilege Leave:

- ☐ Within the Philippines _____
- ☐ Abroad (Specify) _____

In case of Sick Leave:

- ☐ In Hospital (Specify Illness) _____
- ☐ Out Patient (Specify Illness) _____

_____

In case of Special Leave Benefits for Women:

(Specify Illness) _____

_____

In case of Study Leave:

- ☐ Completion of Master's Degree
- ☐ BAR/Board Examination Review

Other purpose:

- ☐ Monetization of Leave Credits
- ☐ Terminal Leave

6.C NUMBER OF WORKING DAYS APPLIED FOR

_____

INCLUSIVE DATES

_____

6.D COMMUTATION

- ☐ Not Requested
- ☐ Requested

(Signature of Applicant)

7. DETAILS OF ACTION ON APPLICATION

7.A CERTIFICATION OF LEAVE CREDITS

As of ____

_____

(Authorized Officer)

7.B RECOMMENDATION

- ☐ For approval
- ☐ For disapproval due

_____

_____

_____

_____

(Authorized Officer)

7.C APPROVED FOR:

_____days with pay

_____days without pay

_____others (Specify)

7.D DISAPPROVED DUE TO:

_____

_____

_____

_____

(Authorized Official)