

APPLICATION FOR LEAVE

1. Office / Agency _____ 2. Name (Last) (First) (Middle)
3. Date of Filing _____ 4. Position _____ 5. Salary (Monthly/SG) _____

DETAILS OF APPLICATION

a. TYPE OF LEAVE

Vacation
To seek employment
Others (Specify) _____

Sick
Maternity
Others (Specify) _____

b. WHERE LEAVE WILL BE SPENT

1. In case of Vacation Leave
Within the Philippines
Abroad
2. In case of Sick Leave
In Hospital (Specify) _____
Out-Patient (Specify) _____

c. NUMBER OF WORKING DAYS

APPLIED FOR : _____
INCLUSIVE DATES: _____

d. COMMUTATION

requested _____ not requested _____

SIGNATURE OF APPLICANT _____

DETAILS OF ACTION ON APPLICATION

a. CERTIFICATION OF LEAVE CREDITS

b. RECOMMENDATION (please check)

as of _____

Vacation	Sick	Total
Days	Days	Days

APPROVED _____
DISAPPROVED _____

NAME OF RECOMMENDING AUTHORITY

Principals or Chiefs of Services

JESUSA L. DELA CRUZ

Chief Administrative Officer
Personnel Services

c. APPROVED FOR:

d. DISAPPROVED DUE TO:

Days with Pay
Days without Pay
Others (Specify) _____

NAME OF APPROVING AUTHORITY

Schools Division Superintendent or _____

Assistant Schools Division Superintendent
(whichever is applicable)