CSC Form No. 6
Revised 1984

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

as of_____

Vacation	Sick	Total
Days	Days	Days

b. RECOMMENDATION (please check)

APPROVED
DISAPPROVED

NAME OF RECOMMENDING AUTHORITY
Principals or Chiefs of Services

JESUSA L. DELA CRUZ
Chief Administrative Officer
Personnel Services

c. APPROVED FOR:

- Days with Pay
- Days without Pay
- Others (Specify)

d. DISAPPROVED DUE TO:

NAME OF APPROVING AUTHORITY
Schools Division Superintendent or

Assistant Schools Division Superintendent
(whichever is applicable)