

APPLICATION FOR LEAVE

CSC Form No. 6

Revised 1984

1. OFFICE/AGENCY	2. NAME (Last)	(First)	(Middle)
DepEd-			
3. DATE OF FILING	4. POSITION	5. SALARY (Monthly)	

DETAILS OF APPLICATION

6 a.) TYPE OF LEAVE

- Vacation
- Sick
- Personal
- Maternity
- Study
- Others (Specify) _____

6 c.) NUMBER OF WORKING DAYS
APPLIED FOR:

INCLUSIVE DATES:

6 b.) WHERE LEAVE WILL BE SPENT:

1. IN CASE OF VACATION LEAVE

- Within the Philippines
- Abroad (Specify) _____

2. IN CASE OF SICK OF LEAVE

- In Hospital (Specify) _____
- Our Patient (Specify) _____

6 d.) COMMUTATION

- Requested
- Not Requested

(Signature of Applicant)

DETAILS OF ACTION ON APPLICATION

7 a.) CERTIFICATION OF LEAVE

CREDIT as of _____

Vacation	Sick	Total
Days	Days	Days

CARMELITA D. MATUS

Administrative Officer II

7 b.) RECOMMENDATION

- Approval
- Disapproval due to _____

(Principal)

(District Supervisor)

7 c.) APPROVED FOR:

_____ days with pay
 _____ days without pay
 _____ others (Specify)

7 d.) DISAPPROVED DUE TO:

Signature

Authorized Official

DATE:

