CSC Form No. _____
Revised 1984

APPLICATION FOR LEAVE

1. OFFICE/AGENCY	2. a) NAME (Last) (First) (Middle)	2. b) EMPLOYEE NO.
3. DATE OF FILING M M D D Y Y Y	**4. POSITION**	**5. SALARY(Monthly)**

DETAILS OF APPLICATION

6. a) TYPE OF LEAVE

☐ Vacation
☐ Others (specify)_____
_____
☐ Sick
☐ Maternity
☐ Paternity

6. c) NUMBER OF WORKING DAYS
    APPLIED FOR _____
    INCLUSIVE DATES:

FROM			TO		
MM	DD	YYYY	MM	DD	YYYY

6. b) WHERE LEAVE WILL BE SPENT

1. IN CASE OF VACATION LEAVE
☐ Within the Philippines
☐ Abroad (specify) _____

2. IN CASE OF SICK LEAVE
☐ In Hospital (Specify) _____
☐ Out Patient (Specify) _____

6. d) COMMUTATION
☐ Requested
☐ Not Requested

_____
Signature of Applicant

DETAILS OF ACTION ON APPLICATION

7. a) CERTIFICATION OF LEAVE
   As of _____

VACATION	SICK	TOTAL

_____
Personnel Officer

7. b) RECOMMENDATION
☐ Approved
☐ Disapproved due to _____
_____

_____
Authorized Official

7. c) APPROVED FOR:

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

7. d) DISAPPROVED DUE TO:

_____
_____
_____

_____
Authorized Official