



Department Of Transportation and Communications

APPLICATION FOR LEAVE

Employee No: _____

CSC Form No. 6
Revised 1984

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

DETAILS OF APPLICATION

<p>6. a) TYPE OF LEAVE</p> <p><input type="checkbox"/> Vacation</p> <p><input type="checkbox"/> To seek employment</p> <p><input type="checkbox"/> Others (Specify) _____</p> <p><input type="checkbox"/> Sick <input type="checkbox"/> Maternity</p> <p><input type="checkbox"/> Others (Specify) _____</p> <p>6. c) NUMBER OF WORKING DAYS APPLIED FOR</p> <p>_____</p> <p>INCLUSIVE DATES _____</p>	<p>6. b) WHERE LEAVE WILL BE SPENT</p> <p>(1) IN CASE OF VACATION LEAVE</p> <p><input type="checkbox"/> Within the Philippines</p> <p><input type="checkbox"/> Abroad (Specify) _____</p> <p>(2) IN CASE OF SICK LEAVE _____</p> <p>Out Patient (Specify) _____</p> <p>6. d) COMMUTATION</p> <p><input type="checkbox"/> Requested <input type="checkbox"/> Not requested</p> <p>_____</p> <p>Signature of Applicant</p>
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DETAILS OF ACTION ON APPLICATION

<p>7. a) CERTIFICATION OF LEAVE CREDITS as of _____</p> <table border="1"> <tr> <td>Vacation</td> <td>Sick</td> <td>Total</td> </tr> <tr> <td>Days</td> <td>Days</td> <td>Days</td> </tr> </table> <p>ANTONINA B. BENITO Chief, Personnel Division</p>	Vacation	Sick	Total	Days	Days	Days	<p>7. b) RECOMMENDATION</p> <p><input type="checkbox"/> Approval</p> <p><input type="checkbox"/> Disapproval due to _____</p> <p>_____</p> <p>Authorized Official</p>
Vacation	Sick	Total					
Days	Days	Days					

<p>7. c) APPROVED FOR</p> <p>_____ days with pay</p> <p>_____ days without pay</p> <p>_____ others (specify)</p>	<p>7. d) DISAPPROVED DUE TO:</p> <p>_____</p> <p>_____</p>
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Signature

DATE: _____

AUTHORIZED OFFICIAL

INSTRUCTIONS

1. Application for vacation or sick leave for one full day or more shall be made in this form and to be accomplished in duplicate.
2. Applications for vacation leave shall be filed in advance whenever possible, five (5) days before going on such leave.
3. Application for sick leave filed in advance, or exceeding five (5) days shall be accompanied by a medical certificate. In case medical consultation was not availed of, an affidavit should be executed by the applicant.
4. An employee who is absent without approved leave shall not be entitled to receive his salary corresponding to the period of his unauthorized leave of absences.
5. An application for leave of absence for thirty (30) calendar days or more shall be accompanied by a clearance from money and property accountabilities.