

APPLICATION FOR LEAVE

CSC Form No. 6
Revised 1984

1. OFFICE/AGENCY HOUSING AND LAND USE REGULATORY BOARD	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 style="padding-left: 40px;"><input type="checkbox"/> To seek employment</p> <p style="padding-left: 40px;"><input type="checkbox"/> Others (Specify) _____</p> <p><input type="checkbox"/> Sick</p> <p><input type="checkbox"/> Maternity</p> <p><input type="checkbox"/> Others (Specify) _____</p> <p>6. c) NUMBER OF WORKING DAYS APPLIED FOR _____</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><input type="checkbox"/> In Hospital (Specify) _____</p> <p><input type="checkbox"/> Out Patient (Specify) _____</p> <p>6. d) COMMUTATION</p> <p><input type="checkbox"/> Requested <input type="checkbox"/> Not requested</p> <p style="text-align: right;">_____ (Signature of Applicant)</p>
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DETAILS OF ACTION OF APPLICATION

<p>7. a) CERTIFICATION OF LEAVE CREDITS as of _____</p> <table border="1" style="width: 100%; border-collapse: collapse; margin: 10px 0;"> <tr> <td style="width: 33%; text-align: center;">Vacation</td> <td style="width: 33%; text-align: center;">Sick</td> <td style="width: 33%; text-align: center;">Total</td> </tr> <tr> <td style="text-align: center;">Days</td> <td style="text-align: center;">Days</td> <td style="text-align: center;">Days</td> </tr> </table> <p style="text-align: center;">_____ (Personnel Officer)</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>_____ Supervisor</p> <p style="text-align: right;">_____ .Regional Officer</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 style="text-align: center;">_____ (Signature)</p> <p style="text-align: center;">_____ (Authorized Official)</p>	<p>7. d) DISAPPROVED DUE TO:</p> <p>_____</p> <p>_____</p>
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DATE: _____