Republic of the Philippines

Province of Bohol

Municipality of Jagna

CSC Form No. 6

**APPLICATION FOR LEAVE**

|  |
| --- |
| 1. Office 2. Name (Last) (First) (Middle)  **MPDO ARANETA GERRY VIRTUDAZO** |
| 3. Date of Filing 4. Position 5. Monthly Salary  **August 22, 2014 MPDC** |

|  |
| --- |
| **Details of Applications** |

6.a) Type of leave 6.b) Where leave will be spent

\_\_\_\_\_\_\_\_\_\_\_ Vacation (1) In case of Vacation Leave

\_\_\_\_\_\_ To seek employment \_\_\_\_\_ Within the Philippines

\_\_\_\_\_\_ Others (specify) \_\_\_\_\_ Abroad (specify) \_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ \_X\_\_\_\_\_ Sick Leave (2) In case of sick leave

\_\_\_\_\_\_\_\_\_ Maternity Leave \_\_\_\_\_\_ In hospital (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_ Others (specify) \_\_\_\_\_\_ Out patient (specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6.c) Number of Working Days Applied for 6.d) Computation

\_\_\_\_\_\_**\_1 day only**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ Requested \_\_\_\_\_ Not Requested

Inclusive dates  **August 15, 2014\_** \_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant

**Details of Action on Application**

7.a) CERTIFICATION OF LEAVE CREDITS 7.B) RECOMMENDATION

As of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ Approval

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Vacation | Sick | Total |  | \_\_\_\_\_\_ Disapproval due to \_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Days | Days | Days |  |  |

**EFRENA A. BUENAFE**  **GERRY V. ARANETA**

HRMO Department Head

7.C) APPROVED FOR: 7.d) DISAPPROVAL DUE TO:

\_\_\_\_\_\_\_\_\_ Days w/ pay \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_ Days w/out pay \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_ Others specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ATTY. FORTUNATO R. ABRENILLA**

Municipal Mayor