|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SCHOOL/DISTRICT/OFFICE**  |  | **NAME(LAST)** | **(FIRST)** |  | **(MIDDLE)** |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **DATE OF FILING** |  |  |  | **POSITION** |  |  | **SALARY** |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **DETAILS OF APPLICATION** |
| **TYPE OF LEAVE** |  |  |  |  | **WHERE LEAVE WILL BE SPENT** |
| ***/ / VACATION*** |  |  |  |  | ***(1)In case of vacation leave*** |  |
| ***/ / TO SEEK EMPLOYMENT*** |  |  |  | ***/ / Within the Philippines*** |
| ***/ / OTHERS(Pls. specify)*** |  |  |  | **/ / Abroad (Pls. verify)** |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| ***/ / SICK LEAVE*** |  |  |  | ***(2) In case of sick leave*** |  |
| ***/ / MATERNITY LEAVE*** |  |  |  | **/ / In Hospital (Pls. verify)** |  |
| ***/ / OTHERS (Pls. specify)*** |  |  |  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  |  |  |  |  | **/ / Out Patient** |  |  |
| **NUMBER OF WORKING DAYS APPLIED FOR:** |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| *Inclusive Dates:* |  |  |  |  | **RECOMMENDATION** |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | **/ / APPROVED** |  |  |
|  |  |  | **/ / DISAPPROVED DUE TO:** |  |
|  |  |  |  |  |  |  |  |  |
| */ / Requested / / Not Requested* |  |  |  |  |
|  |  |  |  |  |  |  |
|   |  |  |  |
|  ***SIGNATURE OF APPLICANT*** |  | ***Immediate Supervisor*** |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| ***Employee Number:\_\_\_\_\_\_\_\_\_\_\_*** |  |  |  |  |  |  |
| **DETAILS OF ACTION ON APPLICATION** |
| **CERTIFICATION LEAVE CREDITS**  |  | **PREPARED BY:** |  |  |
| as of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |  |
|  |  |  |  |  | **RENZ S. MULDONG** |  |
|  |  |  |  |  | **Administrative Aide VI** |  |
|  |  |  |  |  |  |  |  |  |
|  **:VACATION:** | **SICK :** | **TOTAL :** |  |  |  |  |  |  |
|  **: :** |  **:** |  **:** |  |  | **CERTIFIED CORRECT:** |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | **MARIA CRISTINA S. SARMIENTO** |
|  |  |  |  |  |  **Administrative Officer IV** |  |
| **APPROVED FOR:**  | **DISAPPROVED DUE TO:** |  |
| **\_\_\_\_\_\_\_\_\_\_\_ Days with pay** |  |  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **\_\_\_\_\_\_\_\_\_\_\_ Days without pay** |  |  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **\_\_\_\_\_\_\_\_\_\_\_ Others (specify)** |  |  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  |  |  |  |  |  |  |  |   |
|  |  |  |  |  |  |  |  |   |
| **RECOMMENDING APPROVAL:** |  |  | **APPROVED:** |  |   |
|  |  |  |  |  |  |  |  |   |
|  **MARIA CRISTINA S. SARMIENTO \_**  | **MA. IRELYN P. TAMAYO, PhD, CESE** |
|  **Administrative Officer IV** |  |  **OIC- Schools Division Superintendent** |