|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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** | | | | | | | |