|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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/School Head*** | | | |
|  |  |  |  |  |  |  |  |  |
| ***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** | | | |