Department of Education

Region III

**DIVISION OF CITY SCHOOLS**

Angeles City

Jesus Street, Pulungbulu, Angeles City

Tel. No. (045) 322-5722; 888-0582 / Fax Nos. (045) 322-4702; 625-9812

**APPLICATION FOR LEAVE**

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| **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. specify)***  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **/ / SICK LEAVE *(2)* In case of sick leave**  **/ / MATERNITY LEAVE / / In Hospital (Pls. specify)**  **/ / OTHERS*(Pls. specify)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **/ / Out Patient** |
| **NUMBER OF WORKING DAYS APPLIED FOR:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RECOMMENDATION**  ***Inclusive Dates:* / / APPROVED**  **/ / DISAPPROVED DUE TO:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **/ ✓ / *Requested* / / *Not Requested* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  ***Immediate Supervisor***  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  ***SIGNATURE OF APPLICANT***  **Employee Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **DETAILS OF ACTION ON APPLICATION** |
| **CERTIFICATE LEAVE CREDITS PREPARED BY:**  as of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **CAROLINE L. MONTES**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Admin. Aide VI**  **:VACATION: SICK : TOTAL :**  **: : : : CERTIFIED CORRECT:**  **: : : :**  **: : : :**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RONALD P. BALATBAT**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Administrative Officer IV** |
| **APPROVED FOR: DISAPPROVED DUE TO:**  **\_\_\_\_\_\_\_\_\_\_\_\_ Days with pay \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_ Days without pay \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_ Others (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **RECOMMENDING APPROVAL: APPROVED:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OFFICER-IN-CHARGE**  **Asst. Schools Division Superintendent OFFICE OF THE SCHOOLS DIVISION**  **SUPERINTENDENT** |