CSC Form No. 6 ( Revised 1985 )	APPLICATION FOR LEAVE
Signature	TYPE OF LEAVE
Name	☐ VACATION ☐ Within the Philippines
Position	Abroad (specify)
	SICK Out Patient (Specify)
Monthly SalaryOffice/Division	In Hospital (Specify)
Date of Filing	MATERNITY
No. of working days applied for	
Inclusive Dates	OTHERS (Specify)
COMMUTATION	ACTION ON APPLICATION
Requested Not Requested	Recommending Approval:
,	Approved
	<b>Ⅎ</b> ̄ ̄ ̄
FOR PERSONNEL USE ONLY	Disapproved due to
Leave Credits as of	
VL SL TOTAL	_
	<b>_ </b>
Less: THIS LEAVE	<u> </u>
Less: Balance	Approved for
Certified by:	Approved for: Disapproved due to Days with Pay
Sertinea by:	Days with Pay
ARLYNE J. GUILLEY-DEL ROSARIO	
Registration Officer II/Administrative Officer II - Designate	
	MARIANO S. ESCALADA, JR.
	<b>■</b>
	Municipal Vice Mayor
CSC Form No. 6 ( Revised 1985 )	
CSC Form No. 6 ( Revised 1985 )	APPLICATION FOR LEAVE
	APPLICATION FOR LEAVE  TYPE OF LEAVE
Signature	APPLICATION FOR LEAVE
Signature Name Position	APPLICATION FOR LEAVE  TYPE OF LEAVE  VACATION Within the Philippines Abroad (specify)
Signature Name Position Monthly Salary	APPLICATION FOR LEAVE  TYPE OF LEAVE  VACATION Within the Philippines Abroad (specify)
Signature Name Position Monthly Salary Office/Division	APPLICATION FOR LEAVE  TYPE OF LEAVE  VACATION Within the Philippines Abroad (specify)  SICK Out Patient (Specify) In Hospital (Specify)
Signature Name Position Monthly Salary Office/Division Date of Filing	APPLICATION FOR LEAVE  TYPE OF LEAVE  VACATION Within the Philippines Abroad (specify) SICK Out Patient (Specify)
Signature Name Position Monthly Salary Office/Division Date of Filing No. of working days applied for	APPLICATION FOR LEAVE  TYPE OF LEAVE  VACATION Within the Philippines Abroad (specify) SICK Out Patient (Specify) In Hospital (Specify) MATERNITY
Signature Name Position Monthly Salary Office/Division Date of Filing No. of working days applied for	APPLICATION FOR LEAVE  TYPE OF LEAVE  VACATION Within the Philippines Abroad (specify)  SICK Out Patient (Specify) In Hospital (Specify)
Signature Name Position Monthly Salary Office/Division Date of Filing No. of working days applied for Inclusive Dates	APPLICATION FOR LEAVE  TYPE OF LEAVE  VACATION Within the Philippines Abroad (specify)  SICK Out Patient (Specify) In Hospital (Specify) MATERNITY  OTHERS (Specify)
Signature Name Position Monthly Salary Office/Division Date of Filing No. of working days applied for Inclusive Dates  COMMUTATION	APPLICATION FOR LEAVE  TYPE OF LEAVE  VACATION Within the Philippines Abroad (specify) SICK Out Patient (Specify) In Hospital (Specify) MATERNITY  ACTION ON APPLICATION
Signature Name Position Monthly Salary Office/Division Date of Filing No. of working days applied for Inclusive Dates	APPLICATION FOR LEAVE  TYPE OF LEAVE  VACATION Within the Philippines Abroad (specify)  SICK Out Patient (Specify) In Hospital (Specify) MATERNITY  OTHERS (Specify)
Signature Name Position Monthly Salary Office/Division Date of Filing No. of working days applied for Inclusive Dates  COMMUTATION	APPLICATION FOR LEAVE  TYPE OF LEAVE  VACATION Within the Philippines Abroad (specify) SICK Out Patient (Specify) In Hospital (Specify) MATERNITY  ACTION ON APPLICATION
Signature Name Position Monthly Salary Office/Division Date of Filing No. of working days applied for Inclusive Dates  COMMUTATION  Requested  Not Requested	APPLICATION FOR LEAVE  TYPE OF LEAVE  VACATION Within the Philippines Abroad (specify)  SICK Out Patient (Specify) In Hospital (Specify)  MATERNITY  OTHERS (Specify)  ACTION ON APPLICATION  Recommending Approval: Approved
Signature Name Position Monthly Salary Office/Division Date of Filing No. of working days applied for Inclusive Dates  COMMUTATION  Requested  Not Requested  FOR PERSONNEL USE ONLY	APPLICATION FOR LEAVE  TYPE OF LEAVE  VACATION Within the Philippines Abroad (specify) SICK Out Patient (Specify) In Hospital (Specify) MATERNITY  ACTION ON APPLICATION Recommending Approval:
Signature Name Position Monthly Salary Office/Division Date of Filing No. of working days applied for Inclusive Dates  COMMUTATION  Requested  Not Requested	APPLICATION FOR LEAVE  TYPE OF LEAVE  VACATION Within the Philippines Abroad (specify) SICK Out Patient (Specify) In Hospital (Specify) MATERNITY  OTHERS (Specify)  ACTION ON APPLICATION  Recommending Approval: Approved
Signature Name Position Monthly Salary Office/Division Date of Filing No. of working days applied for Inclusive Dates  COMMUTATION  Requested  Not Requested	APPLICATION FOR LEAVE  TYPE OF LEAVE  VACATION Within the Philippines Abroad (specify)  SICK Out Patient (Specify) In Hospital (Specify)  MATERNITY  OTHERS (Specify)  ACTION ON APPLICATION  Recommending Approval: Approved
Signature Name Position Monthly Salary Office/Division Date of Filing No. of working days applied for Inclusive Dates  COMMUTATION Requested Not Requested  FOR PERSONNEL USE ONLY Leave Credits as of	APPLICATION FOR LEAVE  TYPE OF LEAVE  VACATION Within the Philippines Abroad (specify) SICK Out Patient (Specify) In Hospital (Specify) MATERNITY  OTHERS (Specify)  ACTION ON APPLICATION  Recommending Approval: Approved
Signature Name Position Monthly Salary Office/Division Date of Filing No. of working days applied for Inclusive Dates  COMMUTATION Requested Not Requested  FOR PERSONNEL USE ONLY Leave Credits as of	APPLICATION FOR LEAVE  TYPE OF LEAVE  VACATION Within the Philippines Abroad (specify) SICK Out Patient (Specify) In Hospital (Specify) MATERNITY  OTHERS (Specify)  ACTION ON APPLICATION  Recommending Approval: Approved
Signature Name Position Monthly Salary Office/Division Date of Filing No. of working days applied for Inclusive Dates  COMMUTATION Requested Not Requested  FOR PERSONNEL USE ONLY Leave Credits as of	APPLICATION FOR LEAVE  TYPE OF LEAVE  VACATION   Within the Philippines   Abroad (specify)   In Hospital (Specify)   MATERNITY  OTHERS (Specify)   ACTION ON APPLICATION  Recommending Approval:   Approved   Disapproved due to   Disapproved due to   Approved   Material Recommending Approved   Approved   Disapproved   Approved   Ap
Signature Name Position Monthly Salary Office/Division Date of Filing No. of working days applied for Inclusive Dates  COMMUTATION Requested Not Requested  FOR PERSONNEL USE ONLY Leave Credits as of Less: THIS LEAVE Less: Balance	APPLICATION FOR LEAVE  TYPE OF LEAVE  VACATION
Signature Name Position Monthly Salary Office/Division Date of Filing No. of working days applied for Inclusive Dates  COMMUTATION Requested Not Requested  FOR PERSONNEL USE ONLY Leave Credits as of Less: THIS LEAVE Less: Balance	APPLICATION FOR LEAVE  TYPE OF LEAVE  VACATION
Signature Name Position Monthly Salary Office/Division Date of Filing No. of working days applied for Inclusive Dates  COMMUTATION Requested Not Requested  FOR PERSONNEL USE ONLY Leave Credits as of Less: THIS LEAVE Less: Balance	APPLICATION FOR LEAVE  TYPE OF LEAVE  VACATION Within the Philippines Abroad (specify) In Hospital (Specify) MATERNITY  OTHERS (Specify)  ACTION ON APPLICATION  Recommending Approval: Approved Disapproved due to  Approved or: Days with Pay
Signature Name Position Monthly Salary Office/Division Date of Filing No. of working days applied for Inclusive Dates  COMMUTATION Requested Not Requested  FOR PERSONNEL USE ONLY Leave Credits as of Less: THIS LEAVE Less: Balance  Certified by:  ARLYNE J. GUILLEY-DEL ROSARIO	APPLICATION FOR LEAVE  TYPE OF LEAVE  VACATION Within the Philippines Abroad (specify) In Hospital (Specify) MATERNITY  OTHERS (Specify)  ACTION ON APPLICATION  Recommending Approval: Approved Disapproved due to  Approved or: Days with Pay
Signature Name Position Monthly Salary Office/Division Date of Filing No. of working days applied for Inclusive Dates  COMMUTATION Requested Not Requested  FOR PERSONNEL USE ONLY Leave Credits as of  Certified by:	APPLICATION FOR LEAVE  TYPE OF LEAVE  VACATION   Within the Philippines   Abroad (specify)   In Hospital (Specify)   In Hospital (Specify)   ACTION ON APPLICATION  Recommending Approval:   Approved   Disapproved due to   Days with Pay   Days without Pay   Days
Signature Name Position Monthly Salary Office/Division Date of Filing No. of working days applied for Inclusive Dates  COMMUTATION Requested Not Requested  FOR PERSONNEL USE ONLY Leave Credits as of Less: THIS LEAVE Less: Balance  Certified by:  ARLYNE J. GUILLEY-DEL ROSARIO	APPLICATION FOR LEAVE  TYPE OF LEAVE  VACATION   Within the Philippines   Abroad (specify)   In Hospital (Specify)   In Hospital (Specify)   ACTION ON APPLICATION  Recommending Approval:   Approved   Disapproved due to   Days with Pay