<table>
<tr><td colspan="2">CSC Form No. 6 (Revised 1985)</td><td colspan="2">APPLICATION FOR LEAVE</td></tr>
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CSC Form No. 6 (Revised 1985)	**APPLICATION FOR LEAVE**

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

	VL	SL	TOTAL
Less: THIS LEAVE			
Less: Balance			

Certified by:

ARLYNE J. GUILLEY-DEL ROSARIO
Registration Officer II/Administrative Officer II - Designate

TYPE OF LEAVE

☐ VACATION ☐ Within the Philippines
            ☐ Abroad (specify) _____

☐ SICK   ☐ Out Patient (Specify) _____
            ☐ In Hospital (Specify) _____

☐ MATERNITY

☐ OTHERS (Specify) _____

<u>ACTION ON APPLICATION</u>

Recommending Approval:

☐ Approved

☐ Disapproved due to _____

☐ Approved for: ☐ Disapproved due to
_____ Days with Pay   _____
_____ Days without Pay _____

MARIANO S. ESCALADA, JR.
Municipal Vice Mayor

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