

CSC Form No. 6 (Revised 1985)	APPLICATION FOR LEAVE
<p><i>Signature</i> _____ <i>Name</i> _____ <i>Position</i> _____ <i>Monthly Salary</i> _____ <i>Office/Division</i> _____ <i>Date of Filing</i> _____ <i>No. of working days applied for</i> _____ <i>Inclusive Dates</i> _____</p> <p>COMMUTATION <input type="checkbox"/> Requested <input type="checkbox"/> Not Requested</p>	<p style="text-align:center;">TYPE OF LEAVE</p> <p><input type="checkbox"/> VACATION <input type="checkbox"/> Within the Philippines <input type="checkbox"/> <input type="checkbox"/> Abroad (specify) _____ <input type="checkbox"/> SICK <input type="checkbox"/> Out Patient (Specify) _____ <input type="checkbox"/> <input type="checkbox"/> In Hospital (Specify) _____ <input type="checkbox"/> MATERNITY <input type="checkbox"/> OTHERS (Specify) _____</p> <p style="text-align:center;"><u>ACTION ON APPLICATION</u></p> <p>Recommending Approval: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved due to _____</p> <div style="border: 1px solid black; height: 60px; width: 100%;"></div> <p><input type="checkbox"/> Approved for: <input type="checkbox"/> Disapproved due to _____ Days with Pay _____ _____ Days without Pay _____</p> <div style="border: 1px solid black; padding: 10px; text-align: center;"> <p>ATTY. MARIA THERESA D. CONSTANTINO Municipal Mayor</p> </div>
FOR PERSONNEL USE ONLY	
Leave Credits as of _____	
	VL SL TOTAL
Less: THIS LEAVE	
Less: Balance	
<p><i>Certified by:</i></p> <p style="text-align:center;">ARLYNE J. GUILLEY-DEL ROSARIO Registration Officer II/Administrative Officer II - Designate</p>	

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