

**APPLICATION FOR LEAVE**

CSC Form No. 6  
Revised 1981

1. OFFICE/DEPT./DIVISION      2. NAME                      LAST                      FIRST                      MIDDLE

3. DATE OF FILING              4. POSITION                      5. SALARY

**6) DETAILS OF APPLICATION**

**6.a) TYPE OF LEAVE:**

VACATION  
 To seek employment  
 OTHERS (Specify) \_\_\_\_\_  
\_\_\_\_\_

SICK

MATERNITY

OTHERS (Specify) \_\_\_\_\_  
\_\_\_\_\_

**c) NUMBER OF WORKING DAYS APPLIED FOR:**

\_\_\_\_\_

**INCLUSIVE DATES:**

\_\_\_\_\_

**6.b) WHERE LEAVE WILL BE SPENT:**

1) In case of vacation leave  
 Within the Philippines

2) In case of sick leave  
 In Hospital (Specify) \_\_\_\_\_  
 Out Patient (Specify) \_\_\_\_\_  
\_\_\_\_\_

**d) COMMUTATION**

Requested       Not Requested

\_\_\_\_\_  
Signature of Applicant

Address while on leave:

**7) DETAILS OF ACTION ON APPLICATION**

**7.a) CERTIFICATION OF LEAVE CREDITS:  
AS OF**

VACATION	SICK	TOTAL

\_\_\_\_\_  
**ELVIN B TINSAY**  
Chief Pers & HRD Division

**7.b) RECOMMENDATION:**

Approval  
 Disapproved due to \_\_\_\_\_

\_\_\_\_\_

**7.c) APPROVED FOR:**

\_\_\_\_\_ Days with pay  
\_\_\_\_\_ Days without pay  
\_\_\_\_\_ Others (Specify)

**7.d) DISAPPROVED DUE TO:**

\_\_\_\_\_

\_\_\_\_\_