

# APPLICATION FOR LEAVE OF ABSENCE

CSC FORM No. 6 Revised 1998									
1. OFFICE / AGENCY	2. NAME (Last)	(First)	(Middle)						
3. DATE OF FILING	4. POSITION/RANK	5. SALARY (Monthly)							
		₱							
<b>DETAILS OF APPLICATION</b>									
<b>6. (a) TYPE OF LEAVE</b> <input type="checkbox"/> Vacation <input type="checkbox"/> To seek employment <input type="checkbox"/> Others (Specify) _____ <input type="checkbox"/> Sick <input type="checkbox"/> Maternity <input type="checkbox"/> Others (Specify) _____  <b>6. (c) NUMBER OF WORKING DAYS APPLIED FOR:</b> _____  <b>INCLUSIVE DATES:</b> _____ _____ _____		<b>6. (b) WHERE LEAVE WILL BE SPENT</b> <b>(1) IN CASE OF VACATION LEAVE</b> <input type="checkbox"/> Within the Philippines <input type="checkbox"/> Abroad (Specify) _____  <b>(2) IN CASE OF SICK LEAVE</b> <input type="checkbox"/> Hospital (Specify) _____ <input type="checkbox"/> Out Patient _____  <b>6. (d) COMMUTATION</b> <input type="checkbox"/> Requested <input type="checkbox"/> Not Requested  <div style="display: flex; justify-content: space-between;"> <span>_____</span> <span>_____</span> </div> <div style="display: flex; justify-content: space-between;"> <span>Signature of Applicant</span> <span>Date</span> </div>							
<b>7. DETAILS OF ACTION ON APPLICATION</b>									
<b>7. (a) CERTIFICATION OF LEAVE CREDITS</b> As of _____ <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 33%;">Vacation</th> <th style="width: 33%;">Sick</th> <th style="width: 33%;">Total</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"> </td> <td> </td> <td> </td> </tr> </tbody> </table> <div style="display: flex; justify-content: space-between;"> <span>_____</span> <span>Date</span> </div>		Vacation	Sick	Total				<b>7. (b) RECOMMENDATION</b> <input type="checkbox"/> Approved <input type="checkbox"/> Disapproval due to: _____ _____  <div style="display: flex; justify-content: space-between;"> <span>_____</span> <span>_____</span> </div> <div style="display: flex; justify-content: space-between;"> <span>Immediate Supervisor</span> <span>Date</span> </div>	
Vacation	Sick	Total							
<b>7. (c) APPROVED FOR:</b> _____ days with pay _____ days without pay _____ others (Specify) _____  <div style="text-align: center; margin-top: 20px;">           _____            Signature         </div>		<b>7. (d) DISAPPROVED DUE TO:</b> _____ _____ _____  <div style="text-align: center; margin-top: 20px;">           _____  <b>AUTHORIZED OFFICIAL</b> </div>							
DATE: _____									

### INSTRUCTIONS

1. Application for vacation or sick leave of one full day or more shall be made on this form and to be accomplished at least in duplicate.
2. Application for vacation leave shall be filed in advance or whenever possible five (5) days and approved before going on such leave.
3. Application for sick leave filed in advance, or exceeding five days shall be accompanied by a medical certificate in case medical consultation was not availed of, an affidavit shall be executed by the applicant.
4. An employee who is absent without approved leave shall not be entitled to receive his salary corresponding to the period of his authorized leave of absence.
5. An application for leave of absence for thirty (30) calendar days or more shall be accompanied by a clearance from money and property accountabilities.

**Note:** For the types of leave which requires the signature and approval of the SILG pursuant to the amended delegation of authority Interior-Sector refer to the BJMP-NHQ Memorandum "Mandated leave form (CSC Form No. 6, revised 1998) for signature and approval of the SILG".