



CS Form No. 6 Revised 1994

APPLICATION FOR TERMINAL LEAVE

1. OFFICE BUREAU OF JAIL MANAGEMENT & PENOLOGY	2. Name (Last) (First) (Middle)
3. DATE OF FILING	4. RANK
5. SALARY (Base Pay + Longevity Pay)	

DETAILS OF APPLICATION

6. a) TYPE OF LEAVE: <input type="checkbox"/> Vacation <input type="checkbox"/> To seek employment <input type="checkbox"/> Others (specify) <input type="checkbox"/> Sick <input type="checkbox"/> Maternity <input checked="" type="checkbox"/> TERMINAL LEAVE	6. b) WHERE LEAVE WILL BE SPENT (1) IN CASE OF VACATION LEAVE (2) IN CASE OF SICK LEAVE <input type="checkbox"/> Within the Philippines <input type="checkbox"/> In a Hospital (specify) <input type="checkbox"/> Abroad (specify) <input type="checkbox"/> Out Patient (specify)
	6. d) COMMUTATION <input checked="" type="checkbox"/> Requested <input type="checkbox"/> Not requested <div style="text-align: center;"> _____ Signature _____ Name of Applicant </div>
6. c) NUMBER OF WORKING DAYS APPLIED FOR <u>(Not applicable)</u> INCLUSIVE DATES <u>(Not applicable)</u>	
<p>Note: in case of deceased or incapacitated personnel, his/her qualified survivors may sign this form.</p>	

DETAILS OF ACTION ON APPLICATION

7. a) CERTIFICATION OF EARNED LEAVE CREDITS As of _____ <table border="1" style="width: 100%;"> <thead> <tr> <th>Vacation</th> <th>Sick</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> <div style="text-align: center;"> _____ Chief, Records Management Division Directorate for Personnel and Records Management </div>	Vacation	Sick	Total				7. b) RECOMMENDATION <input checked="" type="checkbox"/> Approval _____ <input type="checkbox"/> Disapproved due to _____ <div style="text-align: center;"> _____ Director for Personnel and Records Management </div>
Vacation	Sick	Total					
7. c) APPROVED FOR COMMUTATION: TOTAL LEAVE CREDITS = _____	7. d) DISAPPROVED DUE TO _____ _____						
_____ Date: _____							