APPLICATION FOR LEAVE

1. SCHOOL
INHS-MAIN

2. NAME (LAST)   **(FIRST)**   **(MIDDLE)**

3. DATE OF FILING   **4. POSITION**   **5. SALARY (MONTHLY)**

DETAILS OF APPLICATION

6. A) TYPE OF LEAVE

☐ **VACATION**

☐ **TO SEEK EMPLOYMENT**
OTHERS *(Specify)*_____

_____

☐ **SICK**

☐ **MATERNITY**

☐ **OTHERS** *(Specify)*

_____

6.B) WHERE LEAVE WILL BE SPENT

☐ **IN CASE OF VACATION LEAVE**

☐ **WITH IN THE PHILIPPINES**
ABROAD *(Specify)* _____

_____

☐ **IN CASE OF SICK LEAVE**

☐ **IN HOSPITAL**
_____

☐ **OUT PATIENT** *(Specify)*
_____

6. C) NUMBER OF WORKING DAYS

APPLIED FOR _____
INCLUSIVE DATES _____

_____

6.D) COMMUTATION

☐ **Requested**   ☐ **Not Requested**

_____
Signature of Applicant

DETAILS OF ACTION ON APPLICATION

7. A) CERTIFICATION OF LEAVE CREDITS
AS OF_____

VACATION	SICK	LEAVE
DAYS	DAYS	DAYS

_____
REBECCA M. MONZON
Administrative Officer V

7. B) RECOMMENDATION

☐ **APPROVAL**
☐ **DISAPPROVAL DUE TO** ——————
_____

_____
ARTURO P. ROSAROSO JR.
Principal IV

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7. C) APPROVED FOR:

_____ **DAYS WITH PAY**
_____ **DAYS WITHOUT PAY**
_____ **OTHERS (SPECIFY)**

7. D) DISAPPROVED DUE TO:

_____**EDITHA M. ATENDIDO**_____
Assistant Schools Division Superintendent
Officer-In-Charge
Office of the Schools Division Superintendent