



Republic of the Philippines
DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT
 DILG-NAPOLCOM Center, EDSA cor. Quezon Avenue, Quezon City
 www.dilg.gov.ph

APPLICATION FOR LEAVE

CSC Form No. (Revised 1985)

<p>Name _____</p> <p>Signature _____</p> <p>Mo. Salary _____</p> <p>Position _____</p> <p>Office/Division _____</p> <p>Date of Filing _____</p> <p>No. of working days applied for _____</p> <p>Inclusive Dates _____</p> <p>COMMUTATION:</p> <p><input type="checkbox"/> Requested <input type="checkbox"/> Not Requested</p> <p>FOR PERSONNEL USE ONLY:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%; text-align: center;">VL</th> <th style="width: 10%; text-align: center;">SL</th> <th style="width: 20%; text-align: center;">TOTAL</th> </tr> </thead> <tbody> <tr> <td>Leave credits as of _____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Less: This Leave _____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Balance: _____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </tbody> </table> <p>CERTIFIED BY:</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Chief, Personnel Section/Division</p> <p>Carded by: _____</p> <p>Date: _____</p>		VL	SL	TOTAL	Leave credits as of _____	_____	_____	_____	Less: This Leave _____	_____	_____	_____	Balance: _____	_____	_____	_____	<p>TYPE OF LEAVE</p> <p><input type="checkbox"/> VACATION</p> <p><input type="checkbox"/> Within the Philippines <input type="checkbox"/> Abroad (Specify) _____</p> <p><input type="checkbox"/> SICK</p> <p><input type="checkbox"/> Out Patient (specify) _____ <input type="checkbox"/> In Hospital (specify) _____</p> <p><input type="checkbox"/> FORCED LEAVE <input type="checkbox"/> CSC-SPL</p> <p><input type="checkbox"/> MATERNITY <input type="checkbox"/> REHABILITATION</p> <p><input type="checkbox"/> TERMINAL <input type="checkbox"/> Others (specify) _____</p> <p>ACTION ON APPLICATION</p> <p>Recommending:</p> <p><input type="checkbox"/> Approval</p> <p><input type="checkbox"/> Disapproval due to _____</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">[Authorized Official]</p> <p><input type="checkbox"/> APPROVED FOR</p> <p style="text-align: right;">_____ Days w/ Pay</p> <p style="text-align: right;">_____ Days w/o Pay</p> <p><input type="checkbox"/> DISAPPROVED DUE TO _____</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">[Authorized Official]</p>
	VL	SL	TOTAL														
Leave credits as of _____	_____	_____	_____														
Less: This Leave _____	_____	_____	_____														
Balance: _____	_____	_____	_____														