

Civil Service Form No. 6
 Revised 2020
 Annex A-2

Republic of the Philippines
 Municipality of Agdangan
 Human Resource Management Office

Stamp of Date of Receipt

APPLICATION FOR LEAVE

| | |
|--|-------------------------|
| 1. Office / Department _____ | 2. Name _____ |
|--|-------------------------|

| | | |
|-----------------------------------|-----------------------------|---------------------------|
| 3. Date of Filing _____ | 4. Position _____ | 5. Salary _____ |
|-----------------------------------|-----------------------------|---------------------------|

6. DETAILS OF APPLICATION

| | |
|---|--|
| 6.A TYPE OF LEAVE TO BE AVAILED OF <input type="checkbox"/> Vacation Leave <input type="checkbox"/> Mandatory / Forced Leave <input type="checkbox"/> Sick Leave <input type="checkbox"/> Maternity Leave <input type="checkbox"/> Paternity Leave <input type="checkbox"/> Special Privilege Leave <input type="checkbox"/> Solo Parent Leave <input type="checkbox"/> Study Leave <input type="checkbox"/> 10-Day VAWC Leave <input type="checkbox"/> Rehabilitation Privilege <input type="checkbox"/> Special Leave Benefits for Women <input type="checkbox"/> Calamity Leave Others _____ | 6.B DETAILS OF LEAVE In case of Vacation / Special Privilege Leave _____ In case of Sick Leave _____ In case of Special Leave Benefits for Women _____ In case of Study Leave / Other Purpose _____ |
|---|--|

| | |
|--|--|
| 6.C NUMBER OF WORKING DAYS APPLIED FOR Working Days _____ Inclusive Dates _____ | 6.D COMMUTATION <input type="checkbox"/> Not Requested <input type="checkbox"/> Requested Signature of Applicant _____ |
|--|--|

7. DETAILS OF ACTION ON APPLICATION

| 7.A CERTIFICATION OF LEAVE CREDITS As Of _____ <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 20%;"></th> <th style="width: 30%;">Vacation Leave</th> <th style="width: 30%;">Sick Leave</th> </tr> </thead> <tbody> <tr> <td>Total Earned</td> <td></td> <td></td> </tr> <tr> <td>Less This Application</td> <td></td> <td></td> </tr> <tr> <td>Balance</td> <td></td> <td></td> </tr> </tbody> </table> Authorized Officer _____ | | Vacation Leave | Sick Leave | Total Earned | | | Less This Application | | | Balance | | | 7.B RECOMMENDATION <input type="checkbox"/> For approval <input type="checkbox"/> For disapproval due to Recommendation Details <div style="border: 1px solid black; height: 60px; width: 100%;"></div> Immediate Head _____ |
|---|----------------|----------------|------------|--------------|--|--|-----------------------|--|--|---------|--|--|---|
| | Vacation Leave | Sick Leave | | | | | | | | | | | |
| Total Earned | | | | | | | | | | | | | |
| Less This Application | | | | | | | | | | | | | |
| Balance | | | | | | | | | | | | | |

| | |
|--|--|
| 7.C APPROVED FOR Days With Pay _____ | 7.D DISAPPROVED DUE TO _____ |
|--|--|

| | |
|---|--|
| <p>Days Without Pay</p> <hr/> <p>Others</p> <hr/> | <p>Reason</p> <div data-bbox="909 123 1476 257" style="border: 1px solid black; height: 60px;"></div> |
| <p style="text-align: center;">Authorized Official</p> <hr style="width: 30%; margin: auto;"/> | |