

Department of Education  
Region X- Northern Mindanao  
DIVISION OF MALAYBALAY CITY

**APPLICATION FOR LEAVE**

CSC FORM 6  
Revised 1984

<b>1. OFFICE / AGENCY</b> DepEd, Division of Malaybalay City	<b>2. NAME</b> (Last) (First) (Middle)	
<b>3. DATE OF FILING</b>	<b>4. POSITION</b>	<b>5. MONTHLY SALARY</b>

**DETAILS OF APPLICATION**

<p><b>6. a) TYPE OF LEAVE</b></p> <p><input type="checkbox"/> Vacation  <input type="checkbox"/> To seek Employment  <input type="checkbox"/> Others(Specify) _____</p> <p><input type="checkbox"/> Sick  <input type="checkbox"/> Maternity  <input type="checkbox"/> Others(Specify) _____</p> <p><b>6. c) NUMBER OF WORKING DAYS APPLIED FOR:</b></p> <p>_____ days</p> <p>INCLUSIVE DATES _____</p> <p>_____</p> <p>_____</p>	<p><b>6. b) WHERE LEAVE WILL BE SPENT</b></p> <p>(1) IN CASE OF VACATION LEAVE</p> <p><input type="checkbox"/> Within the Philippines  <input type="checkbox"/> Abroad (Specify) _____</p> <p>(2) IN CASE OF SICK LEAVE</p> <p><input type="checkbox"/> Hospital (Specify)  <input type="checkbox"/> Out Patient (Specify) _____</p> <p><b>6.d) COMMUTATION</b></p> <p><input type="checkbox"/> Requested      <input type="checkbox"/> Not Requested</p> <p style="text-align: center;">_____ Signature of Applicant      Date</p> <p style="text-align: center;">_____ Immediate Supervisor      Date</p>
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**DETAILS OF ACTION ON APPLICANT**

<p><b>7. a) CERTIFICATION OF LEAVE CREDITS</b> AS OF _____</p> <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: 40px;"></td> <td></td> <td></td> </tr> </tbody> </table> <p style="text-align: center; margin-top: 20px;"><u>GUIA MA. G. GAMUTIN</u> Administrative Officer IV      Date</p>	Vacation	Sick	TOTAL				<p><b>7. b) RECOMMENDATION</b></p> <p><input type="checkbox"/> Approved  <input type="checkbox"/> Disapproved due to:  _____  _____  _____</p> <p style="text-align: center; margin-top: 20px;"><u>JUTCHEL L. NAYRA, DPA</u> Administrative Officer V      Date</p>
Vacation	Sick	TOTAL					

<p><b>7. c) APPROVED FOR:</b></p> <p>_____ days with pay  _____ days without pay  _____ OTHERS (specify)</p> <p style="text-align: center; margin-top: 20px;">_____ Date</p>	<p><b>7. d) DISAPPROVED DUE TO:</b></p> <p>_____  _____  _____</p>
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**EDILBERTO L. OPLENARIA, CESO VI**  
OIC-Schools Division Superintendent

**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 triplicate.
2. Application for vacation leave shall be filed in advance or whenever possible five (5) days 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 of leave of absence for thirty (30) calendar days or more shall be accompanied by a clearance from money or property responsibilities.