CS Form No. 6
Revised 1984

APPLICATION FOR LEAVE

1. OFFICE/ AGENCY		2. NAME (Last) (First) (Middle)	
3. DATE OF FILING		4. POSITION	5. SALARY (Monthly)

6. DETAILS OF APPLICATION

6. a) TYPE OF LEAVE

☐ Vacation

☐ To seek employment

☐ Others (Specify) _____

☐ Sick

☐ Maternity _____

Others (Specify)

6. c) NUMBER OF WORKING DAYS APPLIED FOR

_____

INCLUSIVE DATES _____

_____

6. b) WHERE LEAVE WILL BE SPENT:

(1) IN CASE OF VACATION LEAVE

☐ Within the Philippines _____

☐ Abroad (Specify) _____

(2) IN CASE OF SICK LEAVE

☐ In Hospital (Specify) _____

☐ Out Patient (Specify) _____

6. d) COMMUTATION

☐ Requested   ☐ Not Requested

_____
(Signature of Applicant)

7. DETAILS OF ACTION ON APPLICATION

7. a) CERTIFICATION OF LEAVE CREDITS

as of _____

Vacation	Sick	Total
Days	Days	Days

_____
(Personal Officer)

7. b) RECOMMENDATION

☐ Approval

☐ Disapproval due to _____

_____

_____
(AUTHORIZED OFFICIAL)

7. c) APPROVED FOR:

_____ days with pay

_____ days without pay

_____ Others (Specify)

DATE: _____

_____
SIGNATURE

_____
(AUTHORIZED OFFICIAL)

7. d) DISSAPPROVED DUE TO: _____

_____

(*Please see instructions at the back*)

COMPUTATION

	Vacation Leave	**Sick Leave**
Balance Ending		
Add: Current Accruals up to		
Total Accruals....................		
Less: previous leaves used..............		
Balances Available		
Less: this application.....................		
Total Balances.................		

CERTIFIED CORRECT:

_____