



Department of Education
Region III
DIVISION OF CITY SCHOOLS
Angeles City



Jesus Street, Pulungbulu, Angeles City
Tel. No. (045) 322-5722; 888-0582 / Fax Nos. (045) 322-4702; 625-9812

APPLICATION FOR LEAVE

SCHOOL/DISTRICT/OFFICE	NAME (LAST)	(FIRST)	(MIDDLE)
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DATE OF FILING	POSITION	SALARY
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DETAILS OF APPLICATION

TYPE OF LEAVE <input type="checkbox"/> / <input type="checkbox"/> VACATION <input type="checkbox"/> / <input type="checkbox"/> TO SEEK EMPLOYMENT <input type="checkbox"/> / <input type="checkbox"/> OTHERS (Pls. specify) _____ <input type="checkbox"/> / <input type="checkbox"/> SICK LEAVE <input type="checkbox"/> / <input type="checkbox"/> MATERNITY LEAVE <input type="checkbox"/> / <input type="checkbox"/> OTHERS (Pls. specify) _____	WHERE LEAVE WILL BE SPENT (1) In case of vacation leave <input type="checkbox"/> / <input type="checkbox"/> Within the Philippines <input type="checkbox"/> / <input type="checkbox"/> Abroad (Pls. specify) _____ (2) In case of sick leave <input type="checkbox"/> / <input type="checkbox"/> In Hospital (Pls. verify) _____ <input type="checkbox"/> / <input type="checkbox"/> Out Patient
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NUMBER OF WORKING DAYS APPLIED FOR: Inclusive Dates: _____ <input type="checkbox"/> / <input type="checkbox"/> Requested <input type="checkbox"/> / <input type="checkbox"/> Not Requested _____ SIGNATURE OF APPLICANT	RECOMMENDATION <input type="checkbox"/> / <input type="checkbox"/> APPROVED <input type="checkbox"/> / <input type="checkbox"/> DISAPPROVED DUE TO: _____ PRINCIPAL/SCHOOL HEAD _____ DISTRICT SUPERVISOR
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DETAILS OF ACTION ON APPLICATION

CERTIFICATION LEAVE CREDITS as of _____ <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-top: 1px solid black;">: VACATION :</td> <td style="width: 33%; border-top: 1px solid black;">SICK :</td> <td style="width: 33%; border-top: 1px solid black;">TOTAL :</td> </tr> <tr> <td style="border-top: 1px solid black;">:</td> <td style="border-top: 1px solid black;">:</td> <td style="border-top: 1px solid black;">:</td> </tr> <tr> <td style="border-top: 1px solid black;">:</td> <td style="border-top: 1px solid black;">:</td> <td style="border-top: 1px solid black;">:</td> </tr> <tr> <td style="border-top: 1px solid black;">:</td> <td style="border-top: 1px solid black;">:</td> <td style="border-top: 1px solid black;">:</td> </tr> </table>	: VACATION :	SICK :	TOTAL :	:	:	:	:	:	:	:	:	:	PREPARED BY: LEWIE G. CAPILI Clerk II CERTIFIED CORRECT: ENRIQUE D. PANGILINAN Administrative Officer <input checked="" type="checkbox"/>
: VACATION :	SICK :	TOTAL :											
:	:	:											
:	:	:											
:	:	:											

APPROVED FOR: _____ Days with pay _____ Days without pay _____ Others (specify) _____ Recommending Approval: _____ Asst. Schools Division Superintendent	DISAPPROVED DUE TO: _____ _____ _____ APPROVED: LUZ C. ARRJOLA - Schools Division Superintendent
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