



### APPLICATION FOR LEAVE

1. DEPARTMENT	2. NAME (Last)	(First)	(Middle)
3. DATE FILED	4. POSITION		5. MONTHLY SALARY

### DETAILS OF APPLICATION

<p>6.1 TYPE OF LEAVE</p> <p><input type="checkbox"/> VACATION</p> <p style="padding-left: 20px;"><input type="checkbox"/> To seek employment</p> <p style="padding-left: 20px;"><input type="checkbox"/> Attend to Family/personal needs</p> <p style="padding-left: 20px;"><input type="checkbox"/> Others (Specify) _____</p> <p><input type="checkbox"/> SICK</p> <p><input type="checkbox"/> MATERNITY</p> <p><input type="checkbox"/> STUDY (School and Course) _____</p> <p><input type="checkbox"/> OTHERS (Specify) _____</p> <p>6.2. WHERE LEAVE WILL BE SPENT</p> <p>a. IN CASE OF VACATION LEAVE</p> <p style="padding-left: 20px;"><input type="checkbox"/> Within Aklan</p> <p style="padding-left: 20px;"><input type="checkbox"/> Other provinces (specify) _____</p> <p style="padding-left: 20px;"><input type="checkbox"/> Abroad (specify) _____</p> <p>b. IN CASE OF SICK LEAVE</p> <p style="padding-left: 20px;"><input type="checkbox"/> In Hospital (Specify) _____</p> <p style="padding-left: 20px;"><input type="checkbox"/> Out Patient (Specify) _____</p>	<p>6.3 NUMBER OF DAYS APPLIED FOR</p> <p>INCLUSIVE DATES: _____</p> <p>_____</p> <p>6.4 HEALTH INSURANCE AVAILED                  (Specify Agency and Nature) _____</p> <p>_____</p> <p>6.5 <input type="checkbox"/> Charge to 15-day privilege (non-academic)</p> <p style="padding-left: 20px;"><input type="checkbox"/> Charge to 10-day</p> <p style="padding-left: 20px;"><input type="checkbox"/> Charge to 5-day privilege (faculty)</p> <p style="padding-left: 20px;"><input type="checkbox"/> Other leave privileges</p> <p style="padding-left: 40px;">( ) Official Business ( ) Salary deduction</p> <p style="text-align: center;">_____                  (Signature of Applicant)</p>
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### DETAILS OF ACTION APPLICATION

<p>7.1 RECOMMENDATION</p> <p><input type="checkbox"/> APPROVAL</p> <p><input type="checkbox"/> DISAPPROVAL DUE TO _____</p> <p>_____</p> <p style="text-align: center;">_____                  (Department Head/Dean)</p>	<p>7.2 CERTIFICATION OF LEAVE BALANCE</p> <p>Previous Balance _____</p> <p>This Leave _____</p> <p>Balance as of this date _____</p> <p style="text-align: center;"><b>ELEONOR R. TEOPY</b>                  Human Resource Development Officer</p>
<p>7.3 APPROVED FOR:</p> <p><input type="checkbox"/> days with pay</p> <p><input type="checkbox"/> days without pay</p> <p><input type="checkbox"/> others (specify) _____</p>	<p>7.4 DISAPPROVED DUE TO:</p> <p>_____</p> <p>_____</p> <p>_____</p>

**REV. FR. REYNOLD G. CORCINO**  
 Vice President for Administration  
 (Non-Teaching Personnel)

**REV. FR. JOSE GUALBERTO I. VILLASIS, Ph.D**  
 President  
 (ManCom)

\_\_\_\_\_  
 Vice President for Academic Affairs  
 (Academic Personnel)

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_