REPUBLIC OF THE PHILIPPINES
PROVINCE OF CAVITE
MUNICIPALITY OF MENDEZ-NUÑEZ
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APPLICATION FOR LEAVE

CS Form No. 6
Revised 1984

1. _____ Office/Agency

2. _____ NAME (Last name) (First name) (MI)

2. _____ Date of Filing

4. _____ Position

5. _____ Salary Number

DATE OF APPLICATION

6. a) TYPE OF LEAVE
_____ Vacation Leave
_____ Seek Employment
_____ Others (specify)
_____
_____ Sick Leave
_____ Maternity/Paternity Leave
_____ Others (specify)

6. b) 1. IN CASE OF VACATION LEAVE
_____ within the Philippines
_____

2. IN CASE OF SICK LEAVE
_____ in the Hospital (specify)
_____
_____

6. c) No. of working days applied for:
_____
_____
Inclusive Dates

6. d) COMMUTATION
_____Requested
_____ Not Requested

_____
Name and Signature of Applicant

7. a) Certification of Leave Credits
As of _____

VACATION	SICK	TOTAL
_____	_____	_____
_____	_____	_____

CHRISTINE L. BOOK
Human Resource Management Officer

7. b) RECOMMENDATION
_____ Approved
_____ Disapproved due to _____
_____

_____
Authorized Official

7. c) APPROVED FOR:

_____ days with pay
_____ days without pay
_____ others (specify)

7. d) DISAPPROVED DUE TO:

_____
_____

JOSE N. AUDITOR,MD
Municipal Administrator