

## APPLICATION FOR LEAVE

1. OFFICE/AGENCY	2. NAME (Last) (First) (Middle)	
<b>National Center for Mental Health</b>		
3. DATE OF FILING	4. POSITION	5. SALARY
<p>6. (a) TYPE OF LEAVE</p> <p><input type="checkbox"/> Vacation</p> <p><input type="checkbox"/> To seek employment</p> <p><input type="checkbox"/> Others (specify) _____</p> <p><input type="checkbox"/> Sick</p> <p><input type="checkbox"/> Maternity</p> <p><input type="checkbox"/> Others (specify) _____</p> <p>(c) NUMBER OF WORKING DAYS APPLIED FOR</p> <div style="border: 1px solid black; width: 60px; height: 25px; margin: 5px auto;"></div> <p>Inclusive Dates: _____</p> <p>Time Shift: _____</p> <p>Day/s Off: _____</p>		
<p>(b) WHERE LEAVE WILL BE SPENT:</p> <p style="text-align: center;">IN CASE OF VACATION LEAVE</p> <p><input type="checkbox"/> Within the Philippines</p> <p><input type="checkbox"/> Abroad (Specify) _____</p> <p style="text-align: center;">IN CASE OF SICK LEAVE</p> <p><input type="checkbox"/> In hospital (Specify) _____</p> <p>(d) COMMUTATION</p> <p><input type="checkbox"/> Requested</p> <p><input type="checkbox"/> Not requested</p> <p style="text-align: right; margin-right: 50px;">_____ Employee's Signature</p>		

### DETAILS OF APPLICATION

<p>7. (a) CERTIFICATION OF LEAVE CREDITS</p> <p>As of _____</p> <p style="text-align: center; margin-top: 20px;"><b>CLARITA M. AVILA, MPA</b> Chief Administrative Officer Chief, Administrative Service</p> <p>(c) APPROVED FOR:</p> <p>_____ days with pay</p> <p>_____ days without pay</p> <p>_____ others (Specify)</p> <p>(d) DISAPPROVED DUE TO</p> <p>_____</p>	<p>(b) RECOMMENDATION</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Disapproved</p> <p style="text-align: center; margin-top: 20px;">_____ Section Chief / Authorized Representative</p> <p style="text-align: center; margin-top: 40px;"><b>VENUS SERRA-ARAIN, MD, FPPA, MHA</b> Chief Medical Professional Staff (Community Service)</p>
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