

APPLICATION FOR LEAVE

1. OFFICE/AGENCY	2. NAME (Last) (First) (Middle)	
National Center for Mental Health		
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 style="text-align: right;"><input type="checkbox"/> Within the Philippines</p> <p style="text-align: right;"><input type="checkbox"/> Abroad (Specify) _____</p> <p style="text-align: center;">IN CASE OF SICK LEAVE</p> <p style="text-align: right;"><input type="checkbox"/> In hospital (Specify) _____</p> <p>(d) COMMUTATION</p> <p style="text-align: right;"><input type="checkbox"/> Requested</p> <p style="text-align: right;"><input type="checkbox"/> Not requested</p>		
		_____ Employee's Signature

DETAILS OF APPLICATION

<p>7. (a) CERTIFICATION OF LEAVE CREDITS</p> <p>As of _____</p> <p style="text-align: center; margin-top: 20px;">CLARITA M. AVILA, MPA 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 style="text-align: right;"><input type="checkbox"/> Approved</p> <p style="text-align: right;"><input type="checkbox"/> Disapproved</p> <p style="text-align: center; margin-top: 20px;">_____ Section Chief / Authorized Representative</p>
<p>BEVERLY A. AZUCENA, MD, FPPA, MMHOA Chief Medical Professional Staff (Hospital Service)</p>	