

## APPLICATION FOR LEAVE

<b>1. OFFICE/AGENCY</b> National Center for Mental Health	<b>2. NAME:</b> (Last) _____ (First) _____ (Middle) _____			(EMP. Number)				
<b>3. DATE OF FILING</b>	<b>4. POSITION</b>		<b>5. SALARY</b>					
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; padding: 5px;"> <b>6.(a) TYPE OF LEAVE</b>  <input type="checkbox"/> Vacation  <input type="checkbox"/> To seek employment  <input type="checkbox"/> Others (Specify)            _____   <input type="checkbox"/> Sick  <input type="checkbox"/> Maternity  <input type="checkbox"/> Others (specify)            _____         </td> <td style="width: 50%; vertical-align: top; padding: 5px;"> <b>(b) WHERE WILL BE SPENT IN CASE OF VACATION</b>  <input type="checkbox"/> Within the Philippines  <input type="checkbox"/> Abroad (Specify)            _____   <b>IN CASE OF SICK LEAVE</b>  <input type="checkbox"/> In hospital (Specify)            _____         </td> </tr> <tr> <td style="vertical-align: top; padding: 5px;"> <b>(c) NUMBER OF WORKING DAYS APPLIED</b>   <div style="border: 1px solid black; width: 40px; height: 25px; margin: 10px auto;"></div> </td> <td style="vertical-align: top; padding: 5px;"> <b>(d) COMMUTATION</b>  <input type="checkbox"/> Requested  <input type="checkbox"/> Not requested         </td> </tr> </table> <p style="margin-top: 10px;">Inclusive Dates: _____          Time Shift : _____          Day off : _____</p>					<b>6.(a) TYPE OF LEAVE</b> <input type="checkbox"/> Vacation <input type="checkbox"/> To seek employment <input type="checkbox"/> Others (Specify) _____  <input type="checkbox"/> Sick <input type="checkbox"/> Maternity <input type="checkbox"/> Others (specify) _____	<b>(b) WHERE WILL BE SPENT IN CASE OF VACATION</b> <input type="checkbox"/> Within the Philippines <input type="checkbox"/> Abroad (Specify) _____  <b>IN CASE OF SICK LEAVE</b> <input type="checkbox"/> In hospital (Specify) _____	<b>(c) NUMBER OF WORKING DAYS APPLIED</b>  <div style="border: 1px solid black; width: 40px; height: 25px; margin: 10px auto;"></div>	<b>(d) COMMUTATION</b> <input type="checkbox"/> Requested <input type="checkbox"/> Not requested
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<b>DETAILS OF ACTION ON APPLICATION</b>								
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; padding: 5px;"> <b>7. (a) CERTIFICATION OF LEAVE CREDITS</b>            VL- _____ (AL) _____, SL- _____            PL- _____, SPL- _____, AS OF: _____         </td> <td style="width: 50%; vertical-align: top; padding: 5px;"> <b>(b) RECOMMENDATION</b>  <input type="checkbox"/> Approved  <input type="checkbox"/> Disapproved            _____         </td> </tr> </table> <p style="margin-top: 20px;"><b>ROSARIO CRISTINA S. GUILLERME</b> Chief, Personnel Section</p> <p style="text-align: right; margin-top: 10px;">_____ Section Chief/ Authorized Representative</p> <p><b>(c) APPROVED FOR</b></p> <p>_____ Days With Pay          _____ Days Without Pay          _____ Others</p> <p><b>(d) DISAPPROVED DUE TO</b></p> <p>_____</p>					<b>7. (a) CERTIFICATION OF LEAVE CREDITS</b> VL- _____ (AL) _____, SL- _____ PL- _____, SPL- _____, AS OF: _____	<b>(b) RECOMMENDATION</b> <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved _____		
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