

LEAVE APPLICATION

NAME			POSITION	DATE OF FILLING
(Last)	(First)	(Middle)		
DETAIL OF APPLICATION				
A. TYPE OF LEAVE <input type="checkbox"/> Bereavement Leave <input type="checkbox"/> Birthday Leave <input type="checkbox"/> Maternity Leave <input type="checkbox"/> Nuptial Leave <input type="checkbox"/> Service Incentive Leave <input type="checkbox"/> Solo-Parent Leave <input type="checkbox"/> Others (Specify)		B. Number of working days applied for _____ days Inclusive Dates: _____		
		C. Commutation <input type="checkbox"/> Requested <input type="checkbox"/> Not Requested		
Signature Over Printed Name of Applicant				
DETAILS OF ACTION ON APPLICATION				
CERTIFICATE OF SERVICE INCENTIVE LEAVE CREDITS AS OF _____ TOTAL: _____		RECOMMENDATION <input type="checkbox"/> APPROVED <input type="checkbox"/> DAYS WITH PAY <input type="checkbox"/> DAYS WITHOUT PAY <input type="checkbox"/> DISAPPROVED DUE TO		
REMARKS:				
_____ Immediate Supervisor		_____ Marites D. Manlongat VP for Administration and Finance		