CSC Form No. 6
Revised 1984

APPLICATION FOR LEAVE

1. OFFICE/DEPT./DIVISION	Name (Last)	(First)	(Middle)
DVBS	**Rabe**	**Shiela**	**Romero**

3. DATE OF FILING	4. POSITION	5. SALARY (Monthly)
04/27/2021	**Instructor I**	

6. DETAILS OF APPLICATION

6.a TYPE OF LEAVE:	6.b WHERE LEAVE WILL BE SPENT:
Special	(1) In case of vacation leave ☐ Within the Philippines ☐ Abroad (Pls. Specify) (2) In case of Sick leave ☐ In Hospital (Pls. Specify) ☐ Out Patient (Pls. Specify)
6.c NUMBER OF WORKING DAYS APPLIED FOR 1 Inclusive Dates 04/28/2021 - 04/28/2021	6.d COMMUTATION ☐ Requested ☒ Not Requested **RABE, SHIELA R.** (Signature of Applicant)

7. DETAILS OF ACTION ON APPLICATION

7.a CERTIFICATION OF LEAVE CREDITS	7.b RECOMMENDATION:
AS of: April 2021 Number of Days Vacation: 0 | Sick: 0 | Total: 0 **HONEY SOFIA V. COLIS** Office of the Director for Human Resource Management	☐ Approved ☐ Disapproved due to: **SANTIAGO T. PEñA JR.** Department of Veterinary Basic Sciences
7.c APPROVED FOR: ____ day(s) with pay ___ day(s) without pay Others (Specify):	7.d DISAPPROVED due to:

EDGARDO E. TULIN
(Printed Name and Signature)
University President

Date: _____

INSTRUCTION

1. Application for vacation or sick leave of one fully day or more shall be made on this Form and to be accomplished in duplicate.
2. Application for vacation leave shall be filed in advance or whenever possible five (5) days before going on such leave.
3. Application for sick leave filed in advance or exceeding five (5) days shall be accompanied by a medical certificate. In case medical consultation was not availed of, an affidavit should be executed by the applicant.
4. An employee who is absent without approved leave shall not be entitled to receive his/her salary corresponding to the period of his/her unauthorized leave of absence.
5. An applicant for leave of absence for thirty (30) calendar days or more shall be accompanied by a clearance from money and property accountabilities.