



Republic of the Philippines
Department of Education
Region V (Ilocos)
DIVISION OF CATANDUANES
VIRAR, CATANDUANES



RELEASED

DepEd, Division of Catanduanes

RECORDS SECTION

Date OCT 10 2019

Time: 3:45 PM

Initial/Signature: [Signature]

MEMORANDUM

TO : CHIEF EDUCATION PROGRAM SUPERVISORS
EDUCATION PROGRAM SUPERVISORS
PUBLIC SCHOOLS DISTRICT SUPERVISORS
ELEMENTARY AND SECONDARY SCHOOL HEADS/ OICs
SECTION HEADS
TEACHING AND NON TEACHING PERSONNEL

FROM : [Signature] **DANILO E. DESPI**
Schools Division Superintendent

SUBJECT : PRESCRIBED FORM IN APPLICATION FOR LEAVE OF
ABSENCE (CSC Form No. 6)

DATE : OCTOBER 9, 2019

1. Attached is the Civil Service Form No. 6 to be used by all DepEd personnel in applying for leave of absence.
2. Instructions at the back of the aforementioned form should be strictly followed.
3. Since the said form originates from the Civil Service Commission, it is therefore improper to revise or modify any entry thereto.
4. For your information and strict compliance.

APPLICATION FOR LEAVE

1. Office/Agency	2. Name (Last)	(First)	(Middle)
3. Date of Filing	4. Position	5. Salary	

DETAILS OF APPLICATION

<p>6. A) Type of Leave</p> <p><input type="checkbox"/> Vacation</p> <p style="margin-left: 20px;"><input type="checkbox"/> To seek employment</p> <p style="margin-left: 20px;"><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>6. B) Where Leave will be spent:</p> <p>1. In case of Vacation Leave</p> <p style="margin-left: 20px;"><input type="checkbox"/> Within the Philippines</p> <p style="margin-left: 20px;"><input type="checkbox"/> Abroad (Specify) _____</p> <p>2. In case of Sick Leave</p> <p style="margin-left: 20px;">_____ In hospital (Specify)</p> <p>_____</p> <p>_____</p>
<p>6. C) Number of Working Days applied for:</p> <p>_____</p> <p>Inclusive Dates</p> <p>_____</p>	<p>6. D) Commutation</p> <p><input type="checkbox"/> Requested <input type="checkbox"/> Not Requested</p> <p style="text-align: right;">_____</p> <p style="text-align: right;">Signature of Applicant</p>

DETAILS OF ACTION ON APPLICATION

<p>7. A) Certification of Leave Credits</p> <p>as of _____</p> <table border="1" style="width: 100%; border-collapse: collapse; margin: 10px 0;"> <thead> <tr> <th style="width: 33%;">Vacation</th> <th style="width: 33%;">Sick</th> <th style="width: 33%;">Total</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">days</td> <td style="text-align: center;">days</td> <td style="text-align: center;">days</td> </tr> </tbody> </table> <p style="text-align: center; margin-top: 10px;">MARICHELE B. LLAVE</p> <p style="text-align: center;">Administrative Officer IV</p>	Vacation	Sick	Total				days	days	days	<p>7. B) Recommendation:</p> <p><input type="checkbox"/> Approval</p> <p><input type="checkbox"/> Disapproval due to _____</p> <p style="text-align: right; margin-top: 10px;">_____</p> <p style="text-align: right;">Authorized Official</p>
Vacation	Sick	Total								
days	days	days								
<p>7. C) Approved for:</p> <p>_____ days with pay</p> <p>_____ days without pay</p>	<p>7. D) Disapproved due to:</p> <p>_____</p> <p>_____</p> <p style="text-align: center; margin-top: 10px;">_____</p> <p style="text-align: center;">Signature</p> <p style="text-align: center; margin-top: 10px;">_____</p> <p style="text-align: center;">Authorized Official</p>									

Date: _____

INSTRUCTIONS

1. Application for vacation or sick leave for one full day or more shall be made on this Form and to be accomplished at least 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 salary corresponding to the period of his unauthorized leave of absence.
5. An application for leave of absence of thirty (30) calendar days or more shall be accompanied by a clearance from money and property accountabilites.

APPLICATION FOR LEAVE

1. Office/Agency	2. Name (Last)	(First)	(Middle)
3. Date of Filing	4. Position	5. Salary	

DETAILS OF APPLICATION

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<p>_____</p> <p>Signature</p> <p>_____</p> <p>Assitant Schools Division Superintendent</p>										
<p>Date: _____</p>										

IVS SCHOOLS

INSTRUCTIONS

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