FORM 6 APPLICATION OFFICE/AGENCY	Y FOR LEAVE 2. NAME (Last) (First) (Middle)
BATANGAS STATE UNIVERSITY	
3. DATE OF FILING	4. POSITION 5. SALARY
DETAILS OF APPLICATION	
6. a) TYPE OF LEAVE	6. b) WHERE LEAVE WILL BE SPENT
VACATION	1. IN CASE OF VACATION LEAVE
To seek employment	Within the Philippines
Others (Specify)	Abroad (Specify)
SICK	2. IN CASE OF SICK LEAVE
MATERNITY	In Hospital (Specify)
OTHERS (Specify)	Out-Patient (Specify)
6. c) NUMBER OF WORKING DAY/S APPLIED FOR days INCLUSIVE DATES	6. d) COMMUTATION Requested Not Requested
	Signature of Applicant
DETAILS OF ACTION ON APPLICATION	
7. a) CERTIFICATE OF LEAVE CREDITS	7. b) RECOMMENDATION
AS OF	Approved
VACATION SICK TOTAL	Disapproved due to
Days Days Days	
Atty. NOEL ALBERTO S. OMANDAP Asst. Director, HRMO	AUTHORIZED OFFICIAL
7. c) APPROVED FOR:	7. d) DISAPPROVED DUE TO:
day/s with pay	
day/s without pay others (specify)	
oulcis (specify)	
Atty. LUZVIMINDA C. ROSALES, CPA VP for Administration and Finance	