

FORM 6

APPLICATION FOR LEAVE

1. OFFICE/AGENCY **BATANGAS STATE UNIVERSITY** 2. NAME (Last) (First) (Middle)

3. DATE OF FILING 4. POSITION 5. SALARY

DETAILS OF APPLICATION

6. a) TYPE OF LEAVE

VACATION
 To seek employment
 Others (Specify) _____

 SICK
 MATERNITY
 OTHERS (Specify) _____

6. c) NUMBER OF WORKING DAY/S

APPLIED FOR _____ days

INCLUSIVE DATES _____

6. b) WHERE LEAVE WILL BE SPENT

1. IN CASE OF VACATION LEAVE

Within the Philippines
 Abroad (Specify) _____

2. IN CASE OF SICK LEAVE

In Hospital (Specify) _____
 Out-Patient (Specify) _____

6. d) COMMUTATION

Requested Not Requested

 Signature of Applicant

DETAILS OF ACTION ON APPLICATION

7. a) CERTIFICATE OF LEAVE CREDITS

AS OF _____

VACATION	SICK	TOTAL
Days	Days	Days

Atty. NOEL ALBERTO S. OMANDAP
 Asst. Director, HRMO

7. b) RECOMMENDATION

Approved
 Disapproved due to _____

 AUTHORIZED OFFICIAL

7. c) APPROVED FOR:

_____ day/s with pay
 _____ day/s without pay
 _____ others (specify)

7. d) DISAPPROVED DUE TO :

Dr. KRISTOFFER CONRAD M. TEJADA
 VP for External Affairs & ICT