

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 :

Engr. ALBERTSON D. AMANTE
VP for Research, Development & Extension Services