*CSC Form No. 6*

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| **1. Agency: IFUGAO STATE UNIVERSITY** Office:  | **2. (Surname)** | **(First)** | **(Middle)** |
| **3. DATE OF FILING** | **4. POSITION** | **5. SALARY (Monthly)** |
| **DETAILS OF APPLICATION** |
| **6. a.) TYPE OF LEAVE** \_\_\_\_\_ Vacation \_\_\_\_\_ Forced/Mandatory Leave \_\_\_\_\_ Solo Parent Leave \_\_\_\_\_ Privilege Leave ( Birthday/Wedding/Anniversaries, Parental/Filial, Obligations, Domestic Emergencies,Personal Transactions, Calamity/Accident/ Hospitalization, Others) \_\_\_\_\_ Sick Leave \_\_\_\_\_ Maternity Leave (Attach Clearance & Med Certificate) \_\_\_\_\_ Paternity Leave (CSC\_DOHMC#1, s.1996) \_\_\_\_\_ Monetization of \_\_\_\_\_\_\_ days \_\_\_\_\_ Others (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **6. b.) WHERE LEAVE WILL BE SPENT**1. IN CASE OF VACATION LEAVE

\_\_\_\_\_ Within the Philippines\_\_\_\_\_ Abroad (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_1. IN CASE OF SICK LEAVE

\_\_\_\_\_ In Hospital \_\_\_\_ At HomeSpecify Sickness/Ailment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**6. d.) COMMUTATION** \_\_\_\_\_\_ Requested \_\_\_\_\_\_\_ Not requested |
| 6. c.) NUMBER OF WORKING DAYS APPLIED FOR: \_\_\_\_\_\_\_\_\_\_\_\_ Inclusive Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of Applicant |

**DETAILS OF ACTION ON APPLICATION**

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| **7. a. CERTIFICATION OF LEAVE CREDITS** as of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| OTHERS(*Specify*) \_\_\_\_\_\_\_\_\_\_\_ | VACATION | SICK |
| \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ |

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Per certification of leave credits above, Vacation/Sick/Others(specify\_\_\_\_\_\_\_\_\_\_\_\_\_) leave of \_\_\_\_ days with pay/ \_\_\_\_\_ days without pay is recommended.

 **DOMINGA G. LUNAG**

 AO V/ HRMO III

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| **7.b.**) RECOMMENDATION: APPROVALaysLION\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DISAPPROVAL DUE TO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Immediate Supervisor Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | FINAL ACTION:\***7.c.**) APPROVED FOR \_\_\_day/s with pay \_\_\_day/s without pay **7.d.**) DISAPPROVED DUE TO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Authorized Official Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

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| ***Reminders:******Vacation Leave*** *– To be filed 5 days in advance and obtain approval before going on leave; attach clearance if leave is one month or more****Sick Leave*** *– To be filed upon return; attach medical certificate if leave is more than 3 days****Maternity Leave*** *– Attach letter, clearance and medical certificate to application for leave* | **\*Final action** on applications for leave of all personnel except Vice Presidents, Campus Executive Directors, University Directors directly under the University President, are delegated to the ff: (Memo # 55, s. 2014) ***> 1-3 days:*** to be signed by concerned Vice President, Campus Executive Director,  University Director, Dean **>*More than 3 days:*** to be signed by Director for Administration**\*Final action** on application for leave of Vice Presidents, Campus Executive Directors, University Directors directly under the President must be given by the University President himself (Memo # 04,s.2016**)** |