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

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:  APPROVAL  aysLION\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  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**)** |