



CONGRESS OF THE
REPUBLIC OF THE PHILIPPINES
HOUSE OF REPRESENTATIVES
Constitution Hills, Quezon City

INSTRUCTIONS:

1. To be accomplished in two (2) copies.
2. Fill-up all blanks properly.
3. Submit to signatories in the order of their priority.
4. One (1) duly approved copy must be submitted to the ADMS/PTG, HRMS to form part of leave folder.

EMPLOYEE NO.

DATE RECEIVED BY HRMS

APPLICATION FOR LEAVE OF ABSENCE

DATE OF FILING

NAME (last) _____ (first) _____ (m.i.) _____

SERVICE/OFFICE

POSITION _____ SALARY _____ NO. OF DAYS / HOURS APPLIED FOR _____

INCLUSIVE PERIOD

SPECIFIC REASON FOR LEAVE/ABSENCE

CHARGEABLE AGAINST

WHERE TO SPEND

- | | | |
|--|--|--|
| <input type="checkbox"/> SICK LEAVE | <input type="checkbox"/> SPECIAL LEAVE | <input type="checkbox"/> WITH IN THE PHILIPPINES |
| <input type="checkbox"/> VACATION/FORCED LEAVE | <input type="checkbox"/> LEGISLATIVE LEAVE | <input type="checkbox"/> ABROAD |
| <input type="checkbox"/> MATERNITY LEAVE | <input type="checkbox"/> COMPENSATORY TIME-OFF | |
| <input type="checkbox"/> PATERNITY LEAVE (1st,2nd,3rd,4th) | <input type="checkbox"/> REHABILITATION LEAVE | |
| <input type="checkbox"/> PARENTAL LEAVE | <input type="checkbox"/> AVAWC LEAVE | <input type="checkbox"/> PAY/OTHERS _____ |

ATTACHMENT(S) IF ANY

COMMUTATION

- REQUESTED
 NOT REQUESTED

SIGNATURE (Applicant)

ACTION TAKEN BY APPROPRIATE LEVEL

- | | | | |
|---|---|--------------------------------------|---------------------------------|
| <input type="checkbox"/> RECOMMENDING APPROVAL | <input type="checkbox"/> RECOMMENDING APPROVAL | <input type="checkbox"/> APPROVED | In case of disapproval, reason: |
| <input type="checkbox"/> RECOMMENDING DISAPPROVAL | <input type="checkbox"/> RECOMMENDING DISAPPROVAL | <input type="checkbox"/> DISAPPROVED | _____ |

IMMEDIATE SUPERVISOR/CHIEF

HEAD OF OFFICE

APPROVING AUTHORITY

ACTION TAKEN BY THE SECRETARY GENERAL

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> COMMUTATION | <input type="checkbox"/> APPROVED |
| <input type="checkbox"/> LEAVE OF ABSENCE FOR 30 DAYS OR MORE
WITH OR WITHOUT PAY (<i>Except Maternity Leave</i>)
ACCOMPANIED BY A DULY ACCOMPLISHED
ACCOUNTABILITY CLEARANCE | <input type="checkbox"/> DISAPPROVED |
| <input type="checkbox"/> TERMINAL LEAVE | |

Secretary General

ACTION TAKEN BY THE PERSONNEL TRANSACTIONS GROUP, HRMS

LEAVE CREDITS/COC AS OF _____	LEAVE CREDITS/COC BALANCE AFTER THIS	<input type="checkbox"/> WITH PAY
SICK LEAVE _____ DAYS _____	DAYS _____	<input type="checkbox"/> WITHOUT PAY
VACATION/FORCED LEAVE _____	DAYS _____	
LEGISLATIVE LEAVE _____	DAYS _____	
MATERNITY LEAVE _____	DAYS _____	
SPECIAL LEAVE _____	DAYS _____	
PATERNITY/PARENTAL LEAVE _____	DAYS _____	
COMPENSATORY TIME-OFF _____	HOURS _____	
REHABILITATION LEAVE _____	DAYS _____	
AVAWC LEAVE _____	DAYS _____	

CERTIFIED BY