



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 AMDS/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 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"/> VACATION/FORCED LEAVE             | <input type="checkbox"/> LEGISLATIVE LEAVE     |
| <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 (SOLO PARENT) LEAVE      | <input type="checkbox"/> AVAWC LEAVE           |
| <input type="checkbox"/> ASLBW                             | <input type="checkbox"/> PAY/OTHERS _____      |

- |   |
|---|
| <input type="checkbox"/> WITHIN THE PHILIPPINES |
| <input type="checkbox"/> ABROAD                 |

**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:<br>_____ |
| <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 | <input type="checkbox"/> DISAPPROVED |

\_\_\_\_\_  
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 _____                                 | <input type="checkbox"/> WITHOUT PAY |
| VACATION/FORCED LEAVE _____    | DAYS _____                                 |                                      |
| LEGISLATIVE LEAVE _____        | DAYS _____                                 | CERTIFIED BY _____                   |
| MATERNITY LEAVE _____          | DAYS _____                                 |                                      |
| SPECIAL LEAVE _____            | DAYS _____                                 |                                      |
| PATERNITY/PARENTAL LEAVE _____ | DAYS _____                                 |                                      |
| COMPENSATORY TIME-OFF _____    | HOURS _____                                |                                      |
| REHABILITATION LEAVE _____     | DAYS _____                                 |                                      |
| AVAWC LEAVE _____              | DAYS _____                                 |                                      |
| ASLBW _____                    | DAYS _____                                 |                                      |