



Republic of the Philippines
Province of Bohol
MUNICIPALITY OF TRINIDAD

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APPLICATION FOR LEAVE

1. OFFICE / AGENCY _____ 2. LAST NAME _____ GIVEN NAME _____ M. I. _____

3. DATE OF FILING _____ 4. POSITION _____ 5. MONTHLY SALARY _____

6. TYPE OF LEAVE

- _____ Vacation
- _____ Sick
- _____ Maternity
- _____ Paternity
- _____ Special Privilege (Specify)
- _____ Forced Leave
- _____ Others (Specify)

WHERE LEAVE WILL BE SPENT:

a) **In case of Vacation Leave:**
 _____ Within the Philippines
 _____ Abroad (Specify)

b) **In case of Sick Leave:**

_____ Out Patient
 _____ Specify

c) **Number of Working Days Applied for:**

Inclusive Dates : _____

d) **Computation:**

_____ Requested
 _____ Not Requested

 Signature of Applicant

DETAILS OF ACTION ON APPLICATION

7. a) Certification on Leave Credits:

As of _____

VACATION	SICK	TOTAL

b) Recommendation:

_____ Approved
 _____ Disapproved

 Immediate Supervisor

QUIRINO T. NUGAL, JR., MPA
 MGDH-1 (MHRMDO)

c) Approved for:

_____ days with pay
 _____ days without pay
 _____ Others (Specify)

d) Disapproved for:

Approved by:

JUDITH DEL ROSARIO-CAJES
 Municipal Mayor