

Stamp of Date of Receipt

1. OFFICE/DEPARTMENT	2. NAME :	(Last)	(First)	(Middle)
Dept.of Business and Management		PEÑALOSA	BERT	CUTOB
3. DATE OF FILING	4. POSITION	5. SALARY		
January 3, 2022	Instructor I			

## 6.A TYPE OF LEAVE TO BE AVAILED OF

- Others:*

## 6.B DETAILS OF LEAVE

### Within the Philippines

Abroad (Specify) \_\_\_\_\_

*In case of Sick Leave:*

In Hospital (Specify Illness) \_\_\_\_\_

Out Patient (Specify Illness)

*In case of Special Leave Benefits for Women:*

(Specify Illness)

*In case of Study Leave:*

### Completion of Master's Degree

## BAR/Board Examination Review

Other purpose:

## Monetization of Leave Credits

### Terminal Leave

## 6.C NUMBER OF WORKING DAYS APPLIED FOR

5 days

### INCLUSIVE DATES

January 11-14 & 17, 2022

## 6.D COMMUTATION

Not Requested

Requested

(Signature of Applicant)

## 7. DETAILS OF ACTION ON APPLICATION

### 7.A CERTIFICATION OF LEAVE CREDITS

As of \_\_\_\_\_

	Vacation Leave	Sick Leave
Total Earned		
Less this application		
Balance		

**REGINA BIBERA, Am. Officer II**

(Authorized Officer)

## 7.B RECOMMENDATION

For approval

For disapproval due to

**MOISES NEIL V. SERIÑO**

Dean, CME

(Authorized Officer)

## 7.C APPROVED FOR:

\_\_\_\_\_ days with pay  
\_\_\_\_\_ days without pay  
\_\_\_\_\_ others (Specify)

7.D DISAPPROVED DUE TO:

**EDGARDO E. TULIN**  
President  
(Authorized Official)