

CTRL NO.: _____ s. 2016
DATE: _____

CERTIFICATE OF CLEARANCE

I, _____ assigned at _____ of the Philippines Sports Commission, Pablo Ocampo Sr., Street Malate Manila, do hereby request for clearance from all accountabilities.

Signature over Printed Name

PURPOSE: _____

CLEARED AS TO:

No pending administrative and/ or Criminal case filed against him / her.

1. _____
Section / Unit Head
2. _____
Division Chief
3. **LORNA B. LORICO**
Head, Personnel Office
4. **ANNA CHRISTINE S. ABELLANA**
Acting Chief, Management Services Division

CLEARED AS TO:

Money / property accountabilities including Other accounts and disallowances.

5. **ELIZABETH T. AGULAN**
OIC, Cashier's Office
6. **NORBERTO C. DINGLASAN**
Head, Property Office
7. **IMEE B. CAJANDAB**
Chief Accountant

RECOMMENDING APPROVAL

MERLITA R. IBAY
Deputy Executive Director – AFMS

CESAR V. PRADAS
Deputy Executive Director – COSECSS

ATTY. CARLO E. ABARQUEZ
Acting Executive Director

HON. WILLIAM I. RAMIREZ
Chairman

DATE APPROVED: _____



PHILIPPINE SPORTS COMMISSION

COMPENSATORY TIME OFF (CTO) FORM

NAME OF EMPLOYEE : _____
DEPT/DIVISION/SECTION : _____

POSITION : _____
SIGNATURE: _____

COMPENSATORY OVERTIME CREDIT (COC) :

COMPENSATORY TIME OFF (CTO) :

DATE : _____ no. of days; or equivalent to
_____ no. of hours

DATE : _____

CERTIFIED CORRECT :

RECOMMENDING APPROVAL :

LORNA B. LORICO
Head, Personnel Office

Immediate Supervisor/Head of Office

APPROVED :

ATTY. CARLO E. ABARQUEZ
Acting Executive Director

APPLICATION FOR LEAVE

1. OFFICE / AGENCY	2. NAME (Last Name)	(First Name)	(Middle Name)
3. DATE OF FILING	4. POSITION	5. SALARY (MONTHLY)	

DETAILS OF APPLICATION

<p>6. a.) TYPE OF LEAVE</p> <p><input type="checkbox"/> Vacation</p> <p style="margin-left: 20px;"><input type="checkbox"/> To seek employment</p> <p style="margin-left: 20px;"><input type="checkbox"/> Others (specify) _____</p> <p>_____</p> <p><input type="checkbox"/> Sick</p> <p><input type="checkbox"/> Maternity</p> <p><input type="checkbox"/> MC / Others (Specify) _____</p> <p>_____</p> <p>6. c.) NUMBER OF WORKING DAYS APPLIED FOR</p> <p>_____</p> <p>INCLUSIVE DATE/S _____</p>	<p>6. b. WHERE LEAVE WILL BE SPENT</p> <p>(1) IN CASE OF VACATION LEAVE</p> <p style="margin-left: 20px;"><input type="checkbox"/> Within the Philippines</p> <p style="margin-left: 20px;"><input type="checkbox"/> Abroad (Specify) _____</p> <p>_____</p> <p>(2) IN CASE OF SICK LEAVE</p> <p style="margin-left: 20px;"><input type="checkbox"/> In Hospital (Specify)</p> <p>_____</p> <p style="margin-left: 20px;"><input type="checkbox"/> Out Patient (Specify)</p> <p>_____</p> <p>6. d.) COMMUTATION</p> <p><input type="checkbox"/> Requested <input type="checkbox"/> Not Requested</p> <p>_____</p> <p align="right">Signature of Employee</p>
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DETAILS OF ACTION ON APPLICATION

<p>7. A.) RECOMMENDATION</p> <p><input type="checkbox"/> Approval</p> <p><input type="checkbox"/> Disapproval due to _____</p> <p>_____</p> <p align="center">(IMMEDIATE SUPERVISOR)</p>	<p>7. B.) CERTIFICATION OF LEAVE CREDITS</p> <p>As of _____</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-bottom: 1px solid black;">Vacation</td> <td style="width:33%; border-bottom: 1px solid black;">Sick</td> <td style="width:33%; border-bottom: 1px solid black;">Total</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Days</td> <td style="border-bottom: 1px solid black;">Days</td> <td style="border-bottom: 1px solid black;">Days</td> </tr> </table> <p align="center">LORNA B. LORICO</p> <p align="center">Head, Personnel Office</p>	Vacation	Sick	Total	Days	Days	Days
Vacation	Sick	Total					
Days	Days	Days					
<p>7. C.) APPROVED FOR _____</p> <p>_____ days with pay</p> <p>_____ days without pay</p> <p>_____ others</p>	<p>7. D.) DISAPPROVED DUE TO _____</p> <p>_____</p> <p>_____</p>						

HON. RICARDO R. GARCIA
CHAIRMAN

APPLICATION FOR LEAVE

1. OFFICE / AGENCY	2. NAME(Last Name)	(First Name)	(Middle Name)
3. DATE OF FILING	4. POSITION	5. SALARY (MONTHLY)	

DETAILS OF APPLICATION

<p>6. a.) TYPE OF LEAVE</p> <p><input type="checkbox"/> Vacation</p> <p style="margin-left: 20px;"><input type="checkbox"/> To seek employment</p> <p style="margin-left: 20px;"><input type="checkbox"/> Others (specify) _____</p> <p>_____</p> <p><input type="checkbox"/> Sick</p> <p><input type="checkbox"/> Maternity</p> <p><input type="checkbox"/> MC / Others (Specify) _____</p> <p>_____</p> <p>6. c.) NUMBER OF WORKING DAYS APPLIED FOR</p> <p>_____</p> <p>INCLUSIVE DATE/S _____</p>	<p>6. b. WHERE LEAVE WILL BE SPENT</p> <p>(1) IN CASE OF VACATION LEAVE</p> <p style="margin-left: 20px;"><input type="checkbox"/> Within the Philippines</p> <p style="margin-left: 20px;"><input type="checkbox"/> Abroad (Specify) _____</p> <p>_____</p> <p>(2) IN CASE OF SICK LEAVE</p> <p style="margin-left: 20px;"><input type="checkbox"/> In Hospital (Specify) _____</p> <p style="margin-left: 20px;"><input type="checkbox"/> Out Patient (Specify) _____</p> <p>_____</p> <p>6. d.) COMMUTATION</p> <p><input type="checkbox"/> Requested <input type="checkbox"/> Not Requested</p> <p>_____</p>
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Signature of Employee

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ATTY. CARLO E. ABARQUEZ
Acting Executive Director