



OPTIC FIBER SYSTEMS CORPORATION

APPLICATION FOR LEAVE

APPLICANT INFORMATION

Name : _____
 Department : _____
 Position : _____

LEAVE DETAILS

Period Covered : _____
 No. of Days Requested : _____
 For Half Day Leaves : ☐ AM Only ☐ PM Only

NATURE OF LEAVE

☐ Sick Leave (SL) ☐ Vacation Leave (VL) ☐ Maternity / Paternity Leave (ML/PL)
☐ Others Specify: _____ ☐ Emergency Leave (EL)

Reasons for Leave: _____

Applicant's Signature

Recommending Approval

☐ Approved

☐ Disapproved

TO BE FILLED-UP BY ADMINISTRATION DEPARTMENT

	<u>VL</u>	<u>SL</u>	<u>ML/PL/EL</u>	Processed By	Approved By
Beginning Balance	_____	_____	_____		
No. of Days Requested	_____	_____	_____		
Ending Balance	_____	_____	_____		