



**MISAMIS OCCIDENTAL I ELECTRIC COOPERATIVE, INC.**  
Magcamiguing, Calamba, Misamis Occidental

088-271-3661  
088-564-8140

moelci\_uno@moelci-1.com

**REQUEST FOR VACATION/SICK LEAVE/ABSENCE**

Date Filed: \_\_\_\_\_

Leave Slip No.: \_\_\_\_\_

**TO: HR SECTION**

Name: \_\_\_\_\_

Total Number of Days Leave: \_\_\_\_\_

Date of Leave:

Tentative Balance to Date

Vacation Leave \_\_\_\_\_

Sick Leave \_\_\_\_\_

Type of Leave: \_\_\_\_\_

Reasons/Particulars/ (Required): \_\_\_\_\_

***Filed by:***

\_\_\_\_\_

***Recommending Approval:***

***Noted by:***

***Approved by:***

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