| To: | blaine MANUACURING Dialon CORFORATION Dialon | Personal and Home Care Corporation | (HR'S COPY) |
|--|---|---|--------------------------------|
| Department Head | | Date: | |
| Name of Employee | Company: | Dep | ot: |
| I hereby apply forday/s □ vacation □ sick □ maternity □ paternity □ others; specify: Date of Leave: | Action of Department H | | |
| Reason/s: | Print Na | me & Signature | |
| | Notation from HRD: <u>Leave Credits:</u> | _ | |
| Print Name & Signature | () Leave is in accordan () Leave is not in accordan Others | dance with policy | • • • |
| Address while on leave: | Date | Authorized Signatur | re |
| In case of sick leave of more than 2 days, attach medical certificat You are advised to report back to work upon expiration of approve without prior approval is AWOL and is a ground for disciplinary a cause under company policies. Control Code Human Resources Department | ed leave. Extension of leave | Revision/Issue No: 05 /01 Effec | ctivity Date: January 27, 2014 |
| Diane COMPONENTIAL DIANE | blaine MANUSACTURING CORPORATION bl | aine Personal and Home Care Corporation | (EMPLOYEE'S COPY) |
| To: Department Head | | Date: | |
| Name of Employee | Company: | | t: |
| I hereby apply forday/s □ vacation □ sick □ maternity □ paternity □ others; specify: | Action of Department F | Iead: ☐ Disapproved | |
| Date of Leave: | Print N | ame & Signature | |
| | Notation from HRD: <u>Leave Credits:</u> | _ | |
| Print Name & Signature | () Leave is in accordar () Leave is not in accordance. Others | rdance with policy | () Without Pay |
| Address while on leave: | | Authorized Signatu | ure |

Note: 1. This form must be submitted to HR immediately upon approval of Department Head.

- 2. In case of sick leave of more than 2 days, attach medical certificate.
- 3. You are advised to report back to work upon expiration of approved leave. Extension of leave without prior approval is AWOL and is a ground for disciplinary action including dismissal for cause under company policies.