



(HR'S COPY)

To: _____

Department Head

Date: _____

Name of Employee _____ Company: _____ Dept: _____

I hereby apply for _____ day/s

☐ vacation ☐ sick ☐ maternity ☐ paternity☐ others; specify: _____

Date of Leave: _____

Reason/s: _____

Print Name & Signature

Address while on leave:

Action of Department Head:

☐ Approved ☐ Disapproved_____
Print Name & Signature

Notation from HRD:

Leave Credits: _____☐ Leave is in accordance with policy☐ With Pay☐ Leave is not in accordance with policy☐ Without Pay

Others _____

Date_____
Authorized Signature

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.

Control Code

Human Resources Department

Form No: RHRD-CO6-PO1-WO4-FO1 | Revision/Issue No: 05/01 | Effectivity Date: January 27, 2014

(EMPLOYEE'S COPY)



To: _____

Department Head

Date: _____

Name of Employee _____ Company: _____ Dept: _____

I hereby apply for _____ day/s

☐ vacation ☐ sick ☐ maternity ☐ paternity☐ others; specify: _____

Date of Leave: _____

Reason/s: _____

Print Name & Signature

Address while on leave:

Action of Department Head:

☐ Approved ☐ Disapproved_____
Print Name & Signature

Notation from HRD:

Leave Credits: _____☐ Leave is in accordance with policy☐ With Pay☐ Leave is not in accordance with policy☐ Without Pay

Others _____

Date_____
Authorized Signature

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