

**ZAMBOANGA PUERICULTURE CENTER ORG. NO. 144 INC.****APPLICATION FOR LEAVE**

NAME: PAGOT AISIDRO MARCO JEANasdasd F. DATE OF FILING: 2025-07-04  
Last Name First Name M.I.

POSITION: Visiting Lecturer DEPARTMENT/SECTION: SCHOOLasdasd DEPARTMENT

LEAVE APPLIED FOR :  Vacation Leave  Sick Leave  Special Leave  
 Other (specify)

CAUSE/PURPOSE : Mag tuli

INCLUSIVE DATES : 2025-07-04 NO. OF DAYS : 7

CONTACT NO. WHILE ON LEAVE : 09876543213

I hereby pledge to report for work immediately the following day after expiration of my approved leave of absence unless otherwise duly extended. My failure to do so shall subject me to disciplinary action.

Recommending Approval: \_\_\_\_\_ Signature of Applicant

Ako \_\_\_\_\_

Ako \_\_\_\_\_

Section Head

Department Head

DETAILS OF ACTION ON APPLICATION				
	VACATION	SICK	SPECIAL	Recommendation for: (/) Approval ( ) Disapproval due to: _____
Balance as of:	123			
Leave Earned	123123			
Total Leave Credits as of	12312312			
Less this Leave	123			
Balance to Date	3			
HRDO				Administrator