

## APPLICATION FOR LEAVE

Last Name

First Name

M.I.

2025-07-04

## Visiting Lecturer

DEPARTMENT/SECTION:

SCHOOLasdasd DEPARTMENT

☐ Vacation Leave

☐ Sick Leave

☐ Special Leave

☐ Other (specify)

Mag tuli

2025-07-04

NO. OF DAYS : 7

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

Section Head

Ako

Department Head

### DETAILS OF ACTION ON APPLICATION

	VACATION	SICK	SPECIAL
Balance as of:	123		
Leave Earned	123123		
Total Leave Credits as of	12312312		
Less this Leave	123		
Balance to Date	3		

Recommendation for:

(/) Approval

( ) Disapproval due to: \_\_\_\_\_

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HRDO

Administrator