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|  |  |  |  |  | |  | |  | | |  | | |  | | | |  |  |  |  |  | Series of 2016 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | **APPLICATION FOR LEAVE OF ABSENCE** | | | | | | | | | | | | | | | | | | |  |  | | | |  | | | | | | |  | | | | | | |  | | | | | | | |  | | | | | | | |  | | |
| **DATE OF FILING** |  |  |  |  | |  | |  | | |  | | |  | | | |  | **NAME** | | |  |  |  | | | | | | |  | | | | | | |  | | | | | | | |  | | | | | | | |  | | | | | |
| **DEPARTMENT** |  |  |  |  | |  | |  | | |  | | |  | | | |  | **DESIGNATION** | | |  |  |  | | | | | | |  | | | | | | |  | | | | | | | |  | | | | | | | |  | | | | | |
| **LEAVE APPLIED FOR:** | | | | | | | | | |  | | |  | | |  | |  |  |  |  |  |  | | |  | | | | | | |  | | | | | | |  | | | | | | | |  | | | | | | | |  | | | |
| [ ] VACATION |  |  | [ ] SICK | | | | | | | | | | | | [ | | | ] OTHERS (Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **INCLUSIVE DATES** | | | | | | | | | |  | | |  | | |  | |  | **NO. OF DAYS** | | |  |  | | | |  | | | | | | |  | | | | | | |  | | | | | | | |  | | | | | | | |  | | |
| **From:**\_\_\_\_\_\_\_\_\_\_\_\_ **To**: \_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( \_\_) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| **CERTIFICATION OF LEAVE CREDITS** | | | | | | | | | | | | | | | | | |  |  |  |  |  |  | | | |  | | | | | | |  | | | | | | |  | | | | | | | |  | | | | | | | |  | | |
| Leave credits as of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | VL | | | | | | |  | | | SL | | | TL | | |  |  |  | (Signature of Applicant) | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | |  | | |
| Previous | \_\_\_\_\_\_\_\_ | | | |  | |  | | \_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |  |  |  |  |  |  | |  | | | | | | |  | | | | | | |  | | | | | | | |  | | | | | | | |  | | | | |
| Less: This Appln. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | |  | ACTION (By Authorized Official): | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | |  |
| Balance | \_\_\_\_\_\_\_\_ | | | | | | | | | \_\_\_\_\_\_\_\_\_\_ | | | | | | | | [ ] | | | Approval | [ ] | Disapproval | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  |  |  | |  | |  | | |  | | |  | | | |  | Recommended by: | | |  |  |  | | | | | | |  | | | | | | |  | | | | | | | |  | | | | | | | |  | | | | | |
| **TRODEN PACT** | | | | | | | | | | | | | | | | |  |  |  |  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | | |  | | | | | | | |  | |
| Director, HRDO) | | | | | | | | | |  | | |  | | |  | |  |  |  | (Immediate Supervisor) | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | |  | |
| **RECOMMENDING APPROVAL:** | | | | | | | | | | | | | | | | |  |  | DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| For \_\_\_\_\_\_\_\_\_\_ days with pay | | | | | | | | | |  | | |  | | |  | | [ ] | | | Approved | [ ] | Disapproved | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \_\_\_\_\_\_\_\_\_\_ days without pay | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  | | | |  | | | | | | |  | | | | | | |  | | | | | | | |  | | | | | | | |  | | |
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| **\_\_HACKER MAN\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | |  |  |  | Executive Vice – President | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | |  | |
| VP for Operations and Comm. Services | | | | | | | | | | | | | | | | | |  |  |  |  |  |  | | | |  | | | | | | |  | | | | | | |  | | | | | | | |  | | | | | | | |  | | |
| INSTRUCTIONS: |  |  |  |  | |  | |  | | |  | | |  | | | |  |  |  |  |  |  |  | | | | | |  | | | | | | |  | | | | | | | |  | | | | | | | |  | | | | | | |
| 1. Application for VACATION/SICK LEAVE for one full day or more shall be made on this form. | | | | | | | | | | | | | | | | | | | | | |  |  | | | | | |  | | | | | | |  | | | | | | |  | | | | | | | |  | | | | | | |  | |
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| 3. Application for SICK LEAVE exceeding five (5) days shall be accompanied by medical certificate. | | | | | | | | | | | | | | | | | | | | | |  |  | | | | | |  | | | | | | |  | | | | | | |  | | | | | | | |  | | | | | | |  | |
| 4. An application for LEAVE OF ABSENCE for thirty (30) days or more shall be accomplished by a clearance from money and | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  |  |  | **APPLICATION FOR LEAVE OF ABSENCE** | | | | | | | | | | | | | | | | | | |  |  | | | |  | | | | | | |  | | | | | | |  | | | | | | | |  | | | | | | | |  | | |
| **DATE OF FILING** |  |  |  |  | |  | |  | | |  | | |  | | | |  | **NAME** | | |  |  |  | | | | | | |  | | | | | | |  | | | | | | | |  | | | | | | | |  | | | | | |
| **DEPARTMENT** |  |  |  |  | |  | |  | | |  | | |  | | | |  | **DESIGNATION** | | |  |  |  | | | | | | |  | | | | | | |  | | | | | | | |  | | | | | | | |  | | | | | |
| **LEAVE APPLIED FOR:** | | | | | | | | | |  | | |  | | |  | |  |  |  |  |  |  | | |  | | | | | | |  | | | | | | |  | | | | | | | |  | | | | | | | |  | | | |
| [ ] VACATION | [ ] SICK | | | | | | | | | [ | | | | | | ] EMERGENCY (Specify\_\_\_\_\_\_\_\_\_\_\_\_\_) | | | | | | | [ ] OTHERS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ) | | | | | | | | | |  | | |  | | |  | |  |  |  |  |  |  | | |  | | | | | | |  | | | | | | |  | | | | | | | |  | | | | | | | |  | | | |
| **INCLUSIVE DATES** | | | | | | | | | |  | | |  | | |  | |  | **NO. OF DAYS** | | |  |  | | | |  | | | | | | |  | | | | | | |  | | | | | | | |  | | | | | | | |  | | |
| **From:**\_\_\_\_\_\_\_\_\_\_\_\_ **To**: \_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( \_\_) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| **CERTIFICATION OF LEAVE CREDITS** | | | | | | | | | | | | | | | | | |  |  |  |  |  |  | | | |  | | | | | | |  | | | | | | |  | | | | | | | |  | | | | | | | |  | | |
| Leave credits as of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | VL | | | | | | |  | | | SL | | | TL | | |  |  |  | (Signature of Applicant) | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | |  | | |
| Previous | \_\_\_\_\_\_\_\_ | | | |  | |  | | \_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |  |  |  |  |  |  | |  | | | | | | |  | | | | | | |  | | | | | | | |  | | | | | | | |  | | | | |
| Less: This Appln. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | |  | ACTION (By Authorized Official): | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | |  |
| Balance | \_\_\_\_\_\_\_\_ | | | | | | | | | \_\_\_\_\_\_\_\_\_\_ | | | | | | | | [ ] | | | Approval | [ ] | Disapproval | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **TRODEN PACT** | | | | | | | | | | | | | | | | |  |  |  |  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | | |  | | | | | | | |  | |
| Director, HRDO) | | | | | | | | | |  | | |  | | |  | |  |  |  | (Immediate Supervisor) | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | |  | |
| **RECOMMENDING APPROVAL:** | | | | | | | | | | | | | | | | |  |  | DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| For \_\_\_\_\_\_\_\_\_\_ days with pay | | | | | | | | | |  | | |  | | |  | | [ ] | | | Approved | [ ] | Disapproved | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \_\_\_\_\_\_\_\_\_\_ days without pay | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  | | | |  | | | | | | |  | | | | | | |  | | | | | | | |  | | | | | | | |  | | |
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| \_\_ **HACKER MAN**\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | |  |  |  | Executive Vice – President | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | |  | |
| VP for Operations and Comm. Services | | | | | | | | | | | | | | | | | |  |  |  |  |  |  | | | |  | | | | | | |  | | | | | | |  | | | | | | | |  | | | | | | | |  | | |
| INSTRUCTIONS: |  |  |  |  | |  | |  | | |  | | |  | | | |  |  |  |  |  |  |  | | | | | |  | | | | | | |  | | | | | | | |  | | | | | | | |  | | | | | | |
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