



NADELA BUSINESS CENTER, INC
Siblings International Business Solutions
 Ramos Bldg., Arellano St., Tagum City, Davao del Norte, Philippines
 Mobile: +639985609631; +639177035875
 Email: info@thesiblingsolutions.com

LEAVE OF ABSENCE REQUEST FORM

Employee Name		Date of Application	
Designation		Department/Account	
Reason for Request of Leave of Absence			
Type of Leave Please tick appropriate box	<input type="checkbox"/> Sick Leave <input type="checkbox"/> Vacation / Personal Leave <input type="checkbox"/> Maternal / Paternal Leave <input type="checkbox"/> Others (please specify) _____		
Inclusive Dates of Leave (From / To)		Number of Days on Leave	
Available Leave Credits		Contact Information while on leave	
Attachments Supporting Documents if applicable			
Immediate Supervisor's Recommendation	<input type="checkbox"/> Approved Recommended Cover: _____ <input type="checkbox"/> Disapproved Reason for Disapproval: _____ <input type="checkbox"/> Reschedule Approved Leave Schedule: _____ _____ <i>Immediate Supervisor's signature above printed name</i>		
Department Head's Recommendation	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved Remarks: _____ _____ <i>Department Head's signature above printed name</i>		
To be filled out by HR	Date Received		<input type="checkbox"/> Paid Leave <input type="checkbox"/> Unpaid Leave Leave balance after approval _____
	Received by		
	signature above printed name		