

**FIRST MARCEL TOWER CONDOMINIUM CORPORATION**

926 G. Araneta Talayan Village Quezon City

Telephone No.: 7216-7504

Email: fmtcc@wgroup.com.ph

☐ WGI
☐ JCI
☐ WTCC
☒ FMTCC
☐ Others; _____

APPLICATION FOR LEAVE OF ABSENCE AND UNDERTIME

SURNAME		GIVEN NAME		M.I.	EMPLOYEE NO.	POSITION								
VILLAGANES		NIKKA		R.	A295622	BM								
NATURE		DURATION OF LEAVE				DATE HIRED								
With Pay: <input checked="" type="checkbox"/> Vacation Leave <input type="checkbox"/> Sick Leave <input type="checkbox"/> Paternity Leave / <input type="checkbox"/> Maternity Leave Without Pay: <input type="checkbox"/> Emergency Leave <input type="checkbox"/> Authorized Absence <input type="checkbox"/> Others: _____		BEGIN DATE :	END DATE:	TOTAL # OF DAYS	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	AUTHORIZATION <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED Remarks: _____ Department Head CRISANTO DELA CRUZ Head of Business Unit								
		13-Jun-24	13-Jun-24	1 day										
		DATE OF RETURN:												
		DATE OF UNDERTIME: _____ No pay for all undertime												
		BEGIN TIME:	END TIME:	TOTAL # OF TIME:	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.									
		0700H	1730H											
		REASON: My son's scheduled Recognition Day.												
<p>I fully understand that I am expected to report for work after the end date/time I indicated herein. Date of leave or time of undertime other than what is approved shall be considered UNAUTHORIZED. In the event that I am unable to return to W Group or any of its affiliate and be unavailable for work on the indicated date, for reason beyond my control, I will notify W Group Inc or any of its affiliate by telephone, cellular phone or letter at my expense. My contact address and contact number while on leave is: _____</p> <p>Further, I certify that the reason of leave/ undertime indicated herein is true and correct to the best of my knowledge.</p>														
NIKKA VILLAGANES		13-Jun-24												
Employee Signature		Date Filed												
						TO BE FILLED UP BY HRD SL VL Balance before this leave <table border="1"><tr><td></td><td></td></tr></table> Balance after this leave <table border="1"><tr><td></td><td></td></tr></table> <table border="1"><tr><td></td><td>w/ pay</td></tr><tr><td></td><td>w/o pay</td></tr></table> HRD NOTED AND VERIFIED BY: _____ PAYROLL ACCOUNTANT						w/ pay		w/o pay
	w/ pay													
	w/o pay													