

LEAVE FORM

INSTRUCTION: This form must be submitted 5 days prior for a 1-day leave and 7 days prior for a leave of 2 or more days. In cases of emergencies or illness, the form must be completed immediately upon returning to work. Sick leave applications for 2 or more days will only be considered valid if duly certified by a licensed physician.

☐ SL ☐ VL ☐ EL ☐ BL ☐ ML ☐ SPL ☐ OFFSET

EMPLOYEE NAME			DATE FILED		
POSITION			INCLUSIVE DATES	From:	To:
DEPARTMENT			NO OF DAYS		
REASON					

PREPARED BY	RECOMMENDED BY	CLEARED BY	APPROVED BY
<p>Employee's Signature <i>(Signature over Printed Name)</i></p> <p>DATE SIGNED:</p>	<p>Immediate Superior <i>(Signature over Printed Name)</i></p> <p>DATE SIGNED:</p>	<p>HR Department <i>(Signature over Printed Name)</i></p> <p>DATE SIGNED:</p>	<p>PRESIDENT / VICE-PRESIDENT</p> <p>DATE SIGNED:</p>

TO BE FILLED OUT BY THE HRD DEPARTMENT:

	SL	VL	EL	OS	BL	ML	PL
Earned to date:							
Used to date							
This Leave							
Balance							

☐ WITH PAY

☐ WITHOUT PAY

Remarks:

BMI-FORM-HRD-010

LEAVE FORM

INSTRUCTION: This form must be submitted 5 days prior for a 1-day leave and 7 days prior for a leave of 2 or more days. In cases of emergencies or illness, the form must be completed immediately upon returning to work. Sick leave applications for 2 or more days will only be considered valid if duly certified by a licensed physician.

☐ SL ☐ VL ☐ EL ☐ BL ☐ ML ☐ SPL ☐ OFFSET

EMPLOYEE NAME		DATE FILED		
POSITION		INCLUSIVE DATES	From:	To:
DEPARTMENT		NO OF DAYS		
REASON				

PREPARED BY	RECOMMENDED BY	CLEARED BY	APPROVED BY
<p>Employee's Signature <i>(Signature over Printed Name)</i></p> <p>DATE SIGNED:</p>	<p>Immediate Superior <i>(Signature over Printed Name)</i></p> <p>DATE SIGNED:</p>	<p>HR Department <i>(Signature over Printed Name)</i></p> <p>DATE SIGNED:</p>	<p>PRESIDENT / VICE-PRESIDENT</p> <p>DATE SIGNED:</p>

TO BE FILLED OUT BY THE HRD DEPARTMENT:

	SL	VL	EL	OS	BL	ML	PL
Earned to date:							
Used to date							
This Leave							
Balance							

☐ WITH PAY
 ☐ WITHOUT PAY

Remarks:

BMI-FORM-HRD-010