

LEAVE OF ABSENSE FORM

HRD DEPARTMENT

INSTRUCTION: This form should be filled out in 3 copies BEFORE and employee goes on leave. In case of emergency or illness, this form must be filled out IMMEDIATELY upon return for work. Sick leave application will only be honored provided it is a duty certified by licensed Physician.

LOA #:														
EMPLOYEE NAME:									DESIGNAT	ION:				
DEPARTMEN	IT:							NAME OF RELIEVER:						
INCLUSIVE DATES:	From:	То:		RETURN WORK:	ТО	Date:	Time	e:	SL	VL EL	BL	ML	PL	OTHERS
REASON:														
					RECOMMENDING APPROVAL Approved Disa				pproved Approved Dis				() Disar	oproved
									эрргочеа Элургочеа Элуарргочеа					proved
Employee's Signature										КΔ	THLEEN R	FYFS N	IHM DI	RΔ
(Signature over Printed Name) Date Signed:					Immediate Superior				ate Signed:		Chief Ope			
TO BE FILLED OUT BY THE HRD DEPARTMENT:														
F 1. 1.	SL	VL	EL	OS	BL	ML	PL			WITH PAY		_ wi	THOUT P	AY
Earned to date: Used to date										Remarks:				
This Leave									_					
Balance									_					
BMI-FORM-HRD-00	07													
Biosite MEDICAL INSTRUMENTS LEAVE OF ABSENSE FORM														
INSTRUCTION: ⁷ emergency or illr	This form sh ness, this for	ould be fille m must be t	ed out in 3 c	IMEDIATELY u	pon retui	nployee goes rn for work. S	on leave. In iick leave app	n case plicati	e of ion			HRD	DEPAR ⁻	TMENT
LOA #:	rea proviae	a it is a duty	/ сетіпеа бу	/ licensed Phys	sician.									
EMPLOYEE NAME:									DESIGNATION:					
DEPARTMENT:									NAME OF RELIEVER:					
INCLUSIVE DATES:	From:	То:		RETURN WORK:	ТО	Date:	Time	e:	SL	VL EL	BL	ML	PL	OTHERS
REASON:														
	J													
						RECOMMEND					FINAL	APPROVA	_	
					○ Approved				pproved Approved Disapp				pproved	
		Signature								KA	THLEEN R			ВА
(Sign	ature over F	Printed Nam	e) Date Signe	ed:		Immediate	e Superior	r D	ate Signed:		Chief Op	erating	Otticer	
						ILLED OUT BY		PARTN	MENT:					
E 1. 1.	SL	VL	EL	OS	BL	ML	PL			WITH PAY		W	THOUT P	
I Earned to date:	1											Ш		PAY
Earned to date: Used to date									Re	marks:				PAY
									Re	_				PAY