

LEAVE FORM

HUMAN RESOURCES DEPARTMENT

INSTRUCTION: This form should be filled out in 3 copies BEFORE and employee goes on leave.												
In case of emerg Sick leave applic	ency or illne ation will on	ess, this form ally be honore	must be fille ed provided	ed out IMM it is a duty o	EDIATELY up certified by I	oon return fo icensed Phys	r work. sician.	SL	VL E	BL ML	SPL OFFSET	
EMPLOYEE	NAME							DATE FII	LED			
POSITION								INCLUSI DATES	VE From:		То:	
DEPARTMEN	NT							NO OF I	DAYS			
REASON									•			
	J											
PREPARED BY			RECON	RECOMMENDED BY				CLEARED BY				
											REYES, MHM, DBA	
Employee's Signature (Signature over Printed Name)				Immediate Superior (Signature over Printed Name)				HR Department (Signature over Printed Name)			Chief Operating Officer	
DATE SIGNED:			DATE	DATE SIGNED:				DATE SIGNED:			DATE SIGNED:	
TO BE FILLED OUT BY THE HRD DEPARTMENT:												
	SL	VL	EL	OS	BL	ML	PL]	WITH PAY	, ,	WITHOUT PAY	
Earned to date:								l	wiiii [Ai			
Used to date								F	Remarks:			
This Leave								_				
Balance								-				
				•								