

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.

☐ SL

☐ VL

☐ EL

☐ BL

☐ ML

☐ SPL

☐ OFFSET

EMPLOYEE NAME							NAME OF RELIEVER								
POSITION							INCLUSIVE DATES	M	M	D	D	Y	Y	Y	Y
DEPARTMENT							RETURN TO WORK	M	M	D	D	Y	Y	Y	Y
REASON															
PREPARED BY				RECOMMENDED BY				CLEARED BY				APPROVED BY			
<div>Employee's Signature</div> <div>(Signature over Printed Name)</div> <div>DATE SIGNED:</div>				<div>Immediate Superior</div> <div>(Signature over Printed Name)</div> <div>DATE SIGNED:</div>				<div>HR Department</div> <div>(Signature over Printed Name)</div> <div>DATE SIGNED:</div>				<div>KATHLEEN REYES, MHM, DBA</div> <div>Chief Operating Officer</div> <div>DATE SIGNED:</div>			
TO BE FILLED OUT BY THE HRD DEPARTMENT:															
	SL	VL	EL	OS	BL	ML	PL	<div><input type="checkbox"/> WITH PAY</div> <div><input type="checkbox"/> WITHOUT PAY</div>							
Earned to date:								Remarks:							
Used to date															
This Leave															
Balance															