

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						
Employee's Signature <small>(Signature over Printed Name)</small>		Immediate Superior <small>(Signature over Printed Name)</small>		HR Department <small>(Signature over Printed Name)</small>		KATHLEEN REYES, MHM, DBA Chief Operating Officer						
DATE SIGNED:		DATE SIGNED:		DATE SIGNED:		DATE SIGNED:						
TO BE FILLED OUT BY THE HRD DEPARTMENT:												
	SL	VL	EL	OS	BL	ML	PL	<input type="checkbox"/> WITH PAY				<input type="checkbox"/> WITHOUT PAY
Earned to date:								Remarks: _____ _____ _____				
Used to date												
This Leave												
Balance												

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