

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

Employee's Signature
(Signature over Printed Name)

Immediate Superior
(Signature over Printed Name)

HR Department
(Signature over Printed Name)

HR Director

DATE SIGNED:

DATE SIGNED:

DATE SIGNED:

DATE SIGNED:

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:								<div>Remarks:</div> <div></div> <div></div> <div></div>
Used to date								
This Leave								
Balance								

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Used to date								
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