Biosite
MEDICAL INSTRUMENTS

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:		DESIGNATION:
DEPARTMENT:		NAME OF RELIEVER:

INCLUSIVE DATES: From: ___ To: ___ **RETURN TO WORK:** Date: ___ Time: ___

☐ SL ☐ VL ☐ EL ☐ BL ☐ ML ☐ PL ☐ OTHERS

REASON:

	RECOMMENDING APPROVAL	FINAL APPROVAL
	◯ Approved ◯ Disapproved	◯ Approved ◯ Disapproved

Employee's Signature
(Signature over Printed Name) Date Signed:

Immediate Superior Date Signed:

KATHLEEN REYES, MHM, DBA
Chief Operating Officer

TO BE FILLED OUT BY THE HRD DEPARTMENT:

	SL	VL	EL	OS	BL	ML	PL
Earned to date:							
Used to date							
This Leave							
Balance							

☐ WITH PAY   ☐ WITHOUT PAY

Remarks: _____

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