

## LEAVE FORM

HUMAN RESOURCES 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.

☐ SL ☐ VL ☐ EL ☐ BL ☐ ML ☐ SPL ☐ OFFSET

EMPLOYEE NAME		DATE FILED	
POSITION		INCLUSIVE DATES	
DEPARTMENT		NO OF DAYS	
REASON			
PREPARED BY		RECOMMENDED BY	
CLEARED BY		APPROVED BY	
<p><b>Employee's Signature</b> (Signature over Printed Name)</p> <p>DATE SIGNED:</p>		<p><b>Immediate Superior</b> (Signature over Printed Name)</p> <p>DATE SIGNED:</p>	
<p><b>HR Department</b> (Signature over Printed Name)</p> <p>DATE SIGNED:</p>		<p><b>KATHLEEN REYES, MHM, DBA</b> Chief Operating Officer</p> <p>DATE SIGNED:</p>	
TO BE FILLED OUT BY THE HRD DEPARTMENT:			
	SL	VL	EL
	OS	BL	ML
	PL		
Earned to date:			
Used to date			
This Leave			
Balance			
<div> <input type="checkbox"/> WITH PAY         <input type="checkbox"/> WITHOUT PAY       </div> <p>Remarks:</p>			

BMI-FORM-HRD-010

## LEAVE FORM

HUMAN RESOURCES 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.

☐ SL ☐ VL ☐ EL ☐ BL ☐ ML ☐ SPL ☐ OFFSET

EMPLOYEE NAME		DATE FILED							
POSITION		INCLUSIVE DATES							
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)							
KATHLEEN REYES, MHM, DBA Chief Operating Officer		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	
Earned to date:								<input type="checkbox"/> WITHOUT PAY	
Used to date								Remarks:	
This Leave									
Balance									

BMI-FORM-HRD-010