

# 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				NO OF DAYS			
POSITION				INCLUSIVE DATES		From - To	
DEPARTMENT				DATE FILED			
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							
				<input type="checkbox"/> WITH PAY <input type="checkbox"/> WITHOUT PAY			
				Remarks: _____ _____ _____			