

LEAVE 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.

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

[illegible]

BMI-FORM-HRD-007

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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:																
Employee's Signature <small>(Signature over Printed Name)</small>		RECOMMENDED BY:				CLEARED BY:				APPROVED BY:						
		<input type="radio"/> Approved <input type="radio"/> Disapproved				<input type="radio"/> Approved <input type="radio"/> Disapproved				<input type="radio"/> Approved <input type="radio"/> Disapproved						
DATE SIGNED:		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:						
TO BE FILLED OUT BY THE HRD DEPARTMENT:																
	SL	VL	EL	OS	BL	ML	PL	<div> <input type="checkbox"/> WITH PAY <input type="checkbox"/> WITHOUT PAY </div> <div>Remarks: _____</div> <div>_____</div> <div>_____</div>								
Earned to date:																
Used to date																
This Leave																
Balance																

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