

LEAVE FORM

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 wor certified by a lice	rk. Sick lea											
EMPLOYEE I	NAME							DATE FILED				
POSITION								INCLUSIVE DATES	From:		То:	
DEPARTMEN	NT							NO OF DAYS				
REASON												
PREPARED BY			RECON	MMENDED B	Υ		CLEARED BY			APPROVED I	BY	
Employee's Signature (Signature over Printed Name)				Immediate Superior				HR Department		KATHLEEN REYES, MHM, DBA Chief Operating Officer		
(Signatur	re over Printed I	Vame)	DATE	(Signature of SIGNED:	over Printed Nam	e)	DATE SIGNED:	nature over Printed Name)		DATE SIGNI		y Officer
			'		TO BE FI	LLED OUT BY	THE HRD DEPART	TMENT:				
	SL	VL	EL	OS	BL	ML	PL	w	TH PAY		WITHOUT	ΓΡΑΥ
Earned to date: Used to date								Remark	s:			
This Leave												
Balance												
BMI-FORM-HRD-01												
BICOMEDICAL INSTRUCTION: Tof 2 or more days returning to wor certified by a lice EMPLOYEE I POSITION	This form miss. In cases of the Sick leavensed physical	ust be subm of emergence we application	itted 5 days ies or illness	, the form r	nust be com	pleted imme	ediately upon	SL VL DATE FILED INCLUSIVE	From:		SOURCES DI	EPARTMENT
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