

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 work. Sick leave applications for 2 or more days will only be considered valid if duly certified by a licensed physician.

☐ SL

☐ VL

☐ EL

☐ BL

☐ ML

☐ SPL

☐ OFFSET

EMPLOYEE NAME				DATE FILED											
POSITION				INCLUSIVE DATES				From:		To:					
DEPARTMENT				NO OF DAYS											
REASON															
PREPARED BY				RECOMMENDED BY				CLEARED BY				APPROVED BY			
<div>Employee's Signature</div> <div>(Signature over Printed Name)</div>				<div>Immediate Superior</div> <div>(Signature over Printed Name)</div>				<div>HR Department</div> <div>(Signature over Printed Name)</div>				<div>Finance &amp; Accounting Director</div>			
DATE SIGNED:				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</div> <div><input type="checkbox"/> WITHOUT PAY</div>							
Earned to date:								Remarks:							
Used to date															
This Leave															
Balance															