

LEAVE FORM

KATHLEEN REYES, MHM, DBA

Chief Operating Officer

MEDICAL															
NSTRUCTION: T	HUMAN RESOURCES DEPARTMENT														
NSTRUCTION: 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. In ick leave application will only be honored provided it is a duty certified by licensed Physician.									SL VL	EL	BL	ML	SPI	_	FFSET
EMPLOYEE N							OF DAYS								
POSITION					CLUSIVE	From - To									
DEPARTMEN	IT								TE FILED						
REASON															
PREPARED BY			RECON	MMENDED BY	<u> </u>		CLEARED BY				APPROVED BY				
			1,200												
Employee's Signature (Signature over Printed Name)				Immediate Superior (Signature over Printed Name)				HR Department				KATHLEEN REYES, MHM, DBA Chief Operating Officer			
(Signature over Printed Name) DATE SIGNED:			DATE	(Signature over Printed Name) DATE SIGNED:				(Signature over Printed Name) DATE SIGNED:			DATE SIGNED:				•
TO BE FILLED OUT BY THE HRD DEPARTMENT:															
	SL	VL	EL	OS	BL	ML	PL		WI	TH PAY		V	/ITHOUT	PAY	
Earned to date: Used to date									Remark						
This Leave									- Kernark	J					
Balance															
MI-FORM-HRD-01			· _		- —								- —	_	_
Biosite MEDICAL INSTRUMENTS												/E F	OR	M	
NSTRUCTION: This form should be filled out in 3 copies BEFORE and employee goes on leave.														IENT	
case of emergency or illness, this form must be filled out IMMEDIATELY upon return for work. ick leave application will only be honored provided it is a duty certified by licensed Physician.									SL VL	EL	BL	ML	SPL	o	FFSET
EMPLOYEE N							OF DAYS								
POSITION										From - To					
DEPARTMEN	IT			DA	TE FILED										
REASON															
PREPARED BY			RECOMMENDED BY CLEAR							APPROVED BY					

DATE SIGNED: DATE SIGNED: DATE SIGNED: DATE SIGNED: TO BE FILLED OUT BY THE HRD DEPARTMENT: OS ML WITH PAY WITHOUT PAY Earned to date: Remarks: Used to date This Leave Balance

Immediate Superior

HR Department

Employee's Signature