

EMPLOYEE NAME

POSITION

REASON

PREPARED BY

DATE SIGNED:

Earned to date:
Used to date
This Leave
Balance

DEPARTMENT

LEAVE FORM

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.

RECOMMENDED BY

DATE SIGNED:

OS

Immediate Superior

				H	HUMAN RESOURCES DEPARTM	ENT			
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fied by li	icensed Phys	sician.	SL VL	EL	BL ML SPL OF	FSET			
			DATE FILED						
			INCLUSIVE DATES	From:	From: To:				
			NO OF DAYS						
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		CLLARLD			ATTROVED				
Superior Printed Name)			HR Department (Signature over Printed Name)		KATHLEEN REYES, MHM, DBA Chief Operating Officer				
		DATE SIG	NED:		DATE SIGNED:				
TO BE FIL	LLED OUT BY	THE HRD DE	PARTMENT:						
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			Remark	KS:					

BMI-FORM-HRD-010



Employee's Signature

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EMPLOYEE I						DATE FILED				
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Employ (Signatur		Immediate Superior (Signature over Printed Name)				HR Department (Signature over Printed Name)		KATHLEEN REYES, MHM, DBA Chief Operating Officer		
DATE SIGNED:			DATE S	DATE SIGNED: DAT				IED:		DATE SIGNED:
TO BE FILLED OUT BY THE HRD DEPARTMENT:										
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Remarks:

Used to date
This Leave
Balance