

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.

HRD DEPARTMENT

Sick leave applica	ation will or	nly be honore	ed provided	it is a duty o	certified by I	icensed Physi	cian.	SL	VL	EL	BL	ML	S	PL _	OFI	FSET
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