

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>DATE SIGNED:</div>	<div>Immediate Superior</div> <div>(Signature over Printed Name)</div> <div>DATE SIGNED:</div>	<div>HR Department</div> <div>(Signature over Printed Name)</div> <div>DATE SIGNED:</div>	<div>KATHLEEN REYES, MHM, DBA</div> <div>Chief Operating Officer</div> <div>DATE SIGNED:</div>

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:								<div>Remarks:</div> <div></div> <div></div> <div></div>
Used to date								
This Leave								
Balance								

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