

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.

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Employ (Signatu	yee's Sign re over Printed	nature Name)		Immediate Superior (Signature over Printed Name)			HR Department (Signature over Printed Name)			KATHLEEN REYES, MHM, DBA Chief Operating Officer					
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