

EMPLOYEE LEAVE APPLICATION FORM

Employee Name: Dhenniel Nivar B. Enrik	Date Filled: 09/22/23
Department/Campaign: CHR - Admin Support	Position: Admin Support
Days covered: October 4, 2023	No. of Days: 1
Leave to be Applied <input type="checkbox"/> Vacation Leave <input type="checkbox"/> Bereavement <input type="checkbox"/> Sick Leave <input checked="" type="checkbox"/> Authorized Leave without Pay <input type="checkbox"/> Others; (please specify _____)	
Reason: I will be attending a family reunion. (October 4, 2023)	

I understand that:

1. All leave of absence applications must be approved by the immediate Supervisor/ Team Leader;
2. Leave due to sickness/ medical reason of more than two days must be supported by doctor's certificate and must be filled upon return to work duty;
3. Planned leave application of 3 days or more must be filled 2 weeks in advance;
4. Alteration / Cancellation of applied leave must have the approval of my supervisor and that Human Resource Officer must be properly notified.

I hereby request leave of absence from duty as indicated above and certify such leave/absence is requested for the purposes indicated. I understand that I must comply with my employing company's policies and procedures for requesting leave of absence and that falsification on this form may be grounds for disciplinary action, including termination.

Employee Signature: Dhenniel Nivar B. Enrik
(Signature Over Printed Name)

Date: 09/22/23

Approved by: Diana Lyn Lim
(Signature Over Printed Name/Position)

Date: _____

Human Resource Officer: KRISTINE C. TEJIDA
(Signature Over Printed Name)

Date: October 2, 2023

Disapproved: (Reason)

For HR Department Only

No. of Leave Used:	
Remaining Leave Credits:	