

EMPLOYEE LEAVE APPLICATION FORM

Employee Name: KHAN YAWTAY GOROSPE	Date Filled: 1/16/2024
Department/Campaign: Cold call	Position: Agent
Days covered: 1 DAY	No. of Days: 1
Leave to be Applied <input type="checkbox"/> Vacation Leave <input type="checkbox"/> Bereavement <input checked="" type="checkbox"/> Sick Leave <input type="checkbox"/> Authorized Leave without Pay <input type="checkbox"/> Others; (please specify _____)	
Reason: Fever	

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: Khanyawtay Gorospe **Date:** 1/16/24
(Signature Over Printed Name)

Approved by: _____ **Date:** _____
(Signature Over Printed Name/Position)

Human Resource Officer: Kristine Tejida **Date:** 11-16-2024
(Signature Over Printed Name)

Disapproved: (Reason) _____

For HR Department Only

No. of Leave Used:	1
Remaining Leave Credits:	7