

**EMPLOYEE LEAVE APPLICATION FORM**

<b>Employee Name:</b> <u>AGUIRON, IVAN VINCENT ALFRED NEIL D.</u>	<b>Date Filled:</b> <u>8/14/23</u>
<b>Department/Campaign:</b> <u>ENERGY MAKEOVERS</u>	<b>Position:</b> <u>Team leader</u>
<b>Days covered:</b> from <u>08-03</u> to <u>08-03</u>	<b>No. of Days:</b> <u>1</u>
<b>Leave to be Applied</b> <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 _____)	

**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.

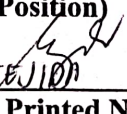
I hereby request leave of absence from duty as indicated above and certify such leave/absence is requested for the purposes indicated. I understand that I must comply with my employing company's policies and procedures for requesting leave of absence and that falsification on this form may be grounds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

**Employee Signature:**   
(Signature Over Printed Name)

**Date:** 8/14/2023

**Approved by:** \_\_\_\_\_  
(Signature Over Printed Name/Position)

**Date:** \_\_\_\_\_

**Human Resource Officer:**   
(Signature Over Printed Name)

**Date:** 08-15-2023

**Disapproved: (Reason)**

\_\_\_\_\_

\_\_\_\_\_

**For HR Department Only**

<b>No. of Leave Used:</b>	<u>1</u>
<b>Remaining Leave Credits:</b>	<u>7</u>