

**EMPLOYEE LEAVE APPLICATION FORM**

<b>Employee Name:</b> REYNATO PROISLAND	<b>Date Filled:</b> 8-21-2023
<b>Department/Campaign:</b> DIAL CUSTOMER SOLUTIONS /DCS	<b>Position:</b> CCA
<b>Days covered:</b> from 8-14-2023 to 8-18-2023	<b>No. of Days:</b> 5 / FIVE
<b>Leave to be Applied</b> <input type="checkbox"/> Vacation Leave <input type="checkbox"/> Bereavement <input type="checkbox"/> Sick Leave <input type="checkbox"/> Authorized Leave without Pay <input type="checkbox"/> Others; (please specify <u>PATERNITY LEAVE</u> )	

**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: R. Proisland  
(Signature Over Printed Name)

Date: 8-21-2023

Approved by: JAYNE BUNARON  
(Signature Over Printed Name/Position)

Date: 8-21-2023

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

Date: 08-21-2023

Disapproved: (Reason)

**For HR Department Only**

<b>No. of Leave Used:</b>	5
<b>Remaining Leave Credits:</b>	0