

EMPLOYEE LEAVE APPLICATION FORM

Employee Name: Charybeth Dalisay	Date Filled: August 14, 2023
Department/Campaign: Energy Makeovers Compliance Team	Position: Agent
Days covered: from August 29, 2023 to August 31, 2023	No. of Days: 3
Leave to be Applied <ul style="list-style-type: none"> • Vacation Leave • Bereavement • Sick Leave ✓ <input checked="" type="checkbox"/> Authorized Leave without Pay • 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: CHARYBETH J. DALISAY
(Signature Over Printed Name)

Date: 08-15-2023

Approved by: SHEILA LANE D. CAMAS
(Signature Over Printed Name/Position)

Date: 08-15-2023

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

Date: 08-16-2023

Disapproved: (Reason)

For HR Department Only

No. of Leave Used:	
Remaining Leave Credits:	