|  |
| --- |
| Human Resource Department  *HR\_LRF\_04222016* |



|  |
| --- |
| **LEAVE OF ABSENCE REQUEST FORM**      NAME OF EMPLOYEE: Oscar Baguhin Tapdasan Jr.    REQUEST DATE: 12/07/2023    Type of Leave of Absence Additional Description  [ ] MEDICAL / SICKNESS  [ / ] VACATION / PERSONAL Birthday celebration of my younger sibling \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  [ ] OTHERS  *Pls. Specify here:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    START OF LEAVE: 12/26/2023RETURN TO WORK: 12/27/2023 NO. OF DAYS: 1    All medical Leaves of Absence require certification from a doctor upon return to work.      REMARKS:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Certification:** I hereby request leave/approved absence from duty as indicated above and certify that such leave/absence is requested for the purpose(s) indicated. I understand that I must comply with my employing agency's procedures for requesting leave/approved absence (and provide additional  documentation, including medical certification, if required) and that falsification on this form may be grounds for disciplinary action, including removal.    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  EMPLOYEE SIGNATURE        OFFICIAL ACTION ON REQUEST:    [ ] APPROVED [ ] DISAPPROVED    REMARKS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_        \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  PROJECT MANGER or IMMEDIATE SUPERVISOR        NOTED BY:      Aloysius L. Torres  *Human Resource Manager*    *Copies: [ ] HR [ ] Employee Date Received : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |

Important Notice: The information on this document is strictly confidential and is intended for the exclusive and sole use of STC. If you are not the intended recipient of this document, please DISCARD it immediately.