

## LEAVE FORM

Name: \_\_\_\_\_

Date Prepared: \_\_\_\_\_

Department: \_\_\_\_\_

Position: \_\_\_\_\_

Details of Request:

Start Date:		End Date:		No. of Days:	
Reason:					
Type of Leave					
Vacation Leave:		Sick Leave:		Absent:	
Remaining Credits ( <i>To be filled up by HR</i> )					

Requested by: \_\_\_\_\_

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

Checked by: \_\_\_\_\_

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

Approved by: \_\_\_\_\_

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