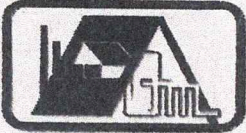
	QM Builders	
	Department: Human Resources	
	Document Title: Application for Leave of Absence and Undertime	

Employee _____		Date Filed _____		NO. _____					
APPLICATION FOR LEAVE OF ABSENCE				APPLICATION FOR UNDERTIME					
Type of leave	Inclusive Dates		Reason(s)	INCLUSIVE HOURS					
	From	To		Expected	Actual				
<input type="checkbox"/> Sick leave				From	To				
<input type="checkbox"/> Vacation Leave									
<input type="checkbox"/> Personal Leave				Reason(s)					
<input type="checkbox"/> Paternity									
<input type="checkbox"/> Maternity (SSS)									
<input type="checkbox"/> Parental Leave									
<input type="checkbox"/> Others, please specify _____									
CONDITIONS: I understand that should this leave be approved. I should immediately report back for work upon the termination of my leave/undertime; otherwise, I shall be subject to disciplinary action in accordance with the Guidelines on the application for leave of Absence in the QM Employee Handbook.			Recommending Approval:		<input type="checkbox"/> Approved:				
SIGNATURE OF APPLICANT _____			IMMEDIATE SUPERIOR Date: _____		<input type="checkbox"/> Disapproved:				
			GENERAL MANAGER Date: _____						
FOR HRD DEPARTMENT USE ONLY									
REMARKS:		No. of Days	Sick Leave		Vacation Leave	Personal	Others		
<input type="checkbox"/> Leave Filed Before Date of Availment			LWP	LWoP	LWP	LWoP	Leave	LWP	LWoP
<input type="checkbox"/> Leave Filed After Date of Availment			Available						
<input type="checkbox"/> Punishable <input type="checkbox"/> Non-punishable			Applied for						
		Balance							
Noted and Confirmed for approval by: _____						Date: _____			

HRD.FL41.00(05/19)

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FOR HRD DEPARTMENT USE ONLY									
REMARKS:		No. of Days	Sick Leave		Vacation Leave	Personal	Others		
<input type="checkbox"/> Leave Filed Before Date of Availment			LWP	LWoP	LWP	LWoP	Leave	LWP	LWoP
<input type="checkbox"/> Leave Filed After Date of Availment			Available						
<input type="checkbox"/> Punishable <input type="checkbox"/> Non-punishable			Applied for						
		Balance							
Noted and Confirmed for approval by: _____						Date: _____			

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