

## COMPANY TIME REQUEST/REPORT

This form is to be filled out 2 weeks before your scheduled leave, or within 2 days from your absence if you will use SL or EL credits.

**This must be submitted no later than the 2<sup>nd</sup> or 17<sup>th</sup> of every month to be considered approved, excused, and/or paid.**

Name: Alexis Rovic John Jacinto Date of Submission: September 4, 2024  
Job Title: OJT / Internship Dept: Sourcing Dept. Contact: 09568078392 / 09694272029  
Reason for Request: Headache (Migraine) & Inclement Weather  
Supporting Document(s) Attached: \_\_\_\_\_

TYPE OF REQUEST/REPORT: ☐ Sick ☐ Vacation ☐ Emergency ☐ Tardiness ☐ Under time ☐ Bereavement ☒ Other

Request Date of Leave: From: September 4, 2024 To: September 4, 2024 Total No. of Days: 1 Day

Request Time of Leave: From: 8:00 AM To: 6:00 PM Total No. of Days: 1 Day

Employee Signature: 

### FOR SUPERVISOR :

I recommend that this leave be approved:

☐ Yes ☐ No

Notes: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

### FOR HR DEPARTMENT:

I recommend that this leave be approved:

☐ Yes ☐ Paid ☐ Excused  
☐ No ☐ Not Paid ☐ Unexcused

Notes: \_\_\_\_\_

HR Signature: \_\_\_\_\_

### NOTED BY:

This leave is approved:

☐ Yes ☐ Paid ☐ Excused  
☐ No ☐ Not Paid ☐ Unexcused

Notes: \_\_\_\_\_

JMA/MCA Signature: \_\_\_\_\_

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Notes: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

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HR Signature: \_\_\_\_\_

### NOTED BY:

This leave is approved:

☐ Yes ☐ Paid ☐ Excused  
☐ No ☐ Not Paid ☐ Unexcused

Notes: \_\_\_\_\_

JMA/MCA Signature: \_\_\_\_\_