

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 2nd or 17th of every month to be considered approved, excused, and/or paid.

Name: Alexis Rovic John Jacinto Date of Submission: September 2, 2024
Job Title: OJT / Internship Dept: Sourcing Dept. Contact: 09568078392 / 09694272029
Reason for Request: Recommendation from OJT Adviser & Inclement Weather
Supporting Document(s) Attached: _____

TYPE OF REQUEST/REPORT: ☐ Sick ☐ Vacation ☐ Emergency [*] Tardiness ☐ Under time ☐ Bereavement ☐ Other

Request Date of Leave: From: September 2, 2024 To: September 2, 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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NOTED BY:

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____ No ____ Not Paid ____ Unexcused

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SUPPORTING DOCUMENTS:

