

CENTRO ESCOLAR UNIVERSITY

Manila*Makati*Malolos **Human Resource Department**

Absence Report

		Date: <u>02-08-23</u>				
☐ Faculty Member	✓ Non-Teaching E	mployee	□ Top/ M	iddle Manag	er	
Employee Number: 54612	Name Reymart E	Bolasoc				
Office/School/College/Department:	OUR		Campus: <u>Ma</u>	nila		
This is to certify that I have be (<i>Inclusive</i> Dates) From: Feb-3 Total No. of days: _5	3-23 1:00pm	to: <u>Fe</u>	eb-3-23 5:00p No. of hours:	m : <u>4</u>		
Reason/s Have to cater to an	emergency at home a	s my mother	is the only on	e at house.		
For Faculty Member only:						
			Number of Hour/s			
Subject / Class	Date	Time	Lecture	Laboratory	Clinic	
Regular Load						
Overload						
			Reymart Bolasoc(SGD)		D)	
		Signature				
Recommendation: Absence to be charged to avail Absence without pay	able leave credits					
Department Head	Date		Dean		Date	
To be filled up by the Human Re	esource Department					
Charged to: ☐ Vacation Leave with pay ☐ Sick Leave with pay		☐ Vacation Leave without pay☐ Sick Leave without pay				
Approved by:			HR Assista	ant/ Date		
Head, Human Resource D	Date					

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