



CENTRO ESCOLAR UNIVERSITY
Manila*Makati*Malolos
Human Resource Department

Absence Report

Date: 1/26/23

☐ Faculty Member ☒ Non-Teaching Employee ☐ Top/ Middle Manager

Employee Number: 54612 Name: REYMART BOLASOC
Office/School/College/Department: OUR - ITS Campus: MANILA

This is to certify that I have been absent from work:
(Inclusive Dates) From: 1/26/23 to: 1/26/23
Total No. of days: 1 Total No. of hours: 8

Reason/s Need to take care of Mother due to severe high blood pressure

For Faculty Member only:

Subject / Class	Date	Time	Number of Hour/s		
			Lecture	Laboratory	Clinic
Regular Load					
Overload					

Reymart Bolasoc (SGD)

Signature

Recommendation:

- ☐ Absence to be charged to available leave credits
☐ Absence without pay

Department Head

Date

Dean

Date

To be filled up by the Human Resource Department

Charged to:

- ☐ Vacation Leave with pay
☐ Sick Leave with pay

- ☐ Vacation Leave without pay
☐ Sick Leave without pay

HR Assistant/ Date

Approved by:

Head, Human Resource Department

Date

Copy to HRD, Internal Audit