

CENTRO ESCOLAR UNIVERSITY

Manila*Makati*Malolos Human Resource Department

Leave Application

Faculty	Teaching E	eaching Employee								
Date:										
Leave Type (Check one):	ation	tion		□ Emer	□ Emergency		□ Paternity□ Parental/ Solo Parent		☐ Special Leave for Women	
Employee Number Name (Last Name, First Name, Middle Name)						Signature				
Campus & Office/School/College/E		Specific Purpose of Leave								
PERIOD APPLIED FOR OFFICE From		Total No. of Day/s								
PERIOD APPLIED FOR TEACHING FromToTotal No. of Hour/s										
Subject / Class			Da	te	Time			Number of Hour/s ecture Laboratory Clinic		
Regular Load							Lecture	Laboratory	Clinic	
· · · · · · · · · · · · · · · · · · ·										
Overload										
Means of contact (Applicable only to employee on long leave):										
Name Address				Contact No.						
Recommending Approval (for Faculty and Non-Teaching): Approved by (for Top/ Middle Manager):									ger):	
Reymart Bolasoc 2-9-23 Head/Date	Head/Date Dean/Date				University Official Concerned/Date					
Applicant's Leave Credits (To be filled	up by Human	Resourc	e Departmer	nt)						
· ·	Vacation	Sick			Emergency	Union	Paternity	Parental/	Special Leave	
Unused Leave Before this Application	Leave	Leave	e Leave	Leave	Leave	Leave	Leave	Solo Leave	for Women	
Less: Leave Applied for										
Total Leave Credits Available										
	□ With pa	ıy	☐ Withou	ıt pay	HR Assista	ant/Date: _			_	
Action Taken:										
For Faculty and Non–Teaching: Approved Disapproved, Reason										
For Top/ Middle Manager:										
i c cpaio managor.										
Head, Human Resource Department Date										
Copy to: HRD, Employee, Internal Audit									Don't 11	
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