

CENTRO ESCOLAR UNIVERSITY

Manila*Makati*Malolos Human Resource Department

Leave Application

☐ Faculty Member ☐ Non-Teaching E					mployee					
Date:										
Leave Type (Check one):	cation \square Nu			☐ Emergency		☐ Paternity			☐ Special Leave for Women	
□Sick		☐ Birtho	day Leave	☐ Union		☐ Parental/ Solo Parent		nt loi '	ioi vvoineri	
Employee Number Name (Last Name, First Name, Middle Name) Signature										
Campus & Office/School/College/D		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			Date	Time		Number of Hour/s				
•				Lecture			Laboratory	Clinic		
Regular Load										
Overload										
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 Non-Teaching):							liddle Mana	aer):		
Tipplotod by (for Top Middle Mullegor).										
Head/Date Dea			Dean/Date		University Official Concerned/Date					
Applicant's Leave Credits (To be filled up by Human Resource Department)										
Applicant's Leave Credits (10 be filled t	Vacation	Sick	Nuptial	Birthday	Emorgonov	Union	Paternity	Parental/	Special Leave	
	Leave	Leave		Leave	Emergency Leave	Leave	Leave	Solo Leave	for Women	
Unused Leave Before this Application										
Less: Leave Applied for Total Leave Credits Available										
Total Ecave Ofculis Available	 ☐ With pa	V	□ Without p	av	HR Assista	ı ant/Date:				
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Action Taken:										
For Faculty and Non–Teaching: Approved Disapproved, Reason										
For Top/ Middle Manager:		Noted								
Head, Human Resource Department Date										
Copy to: HRD, Employee, Internal Audit										
HRF 082									Page 1 of 1	
Rev 1 4/10/2019										