



#888 Mintrade Building, R. Castillo St., Agdao, Davao City
Telephone No. 305-8008

APPLICATION FOR LEAVE OF ABSENCE

NAME: LIRBA MAE LABOS		POSITION: IT Assistant		DATE FILED:	
		DEPARTMENT: IT		JANUARY 31, 2023	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VACATION LEAVE		SICK LEAVE		EMERGENCY LEAVE	
Office informed thru: _____ In case of sick/emergency leave				Scheduled Vacation Leave	
Reliever: _____				Absence without prior notice	
				X Undertime	
From: JANUARY 31, 2023		To: JANUARY 31, 2023		No. of Days: 2.5 HRS	
PURPOSE: 18TH BIRTHDAY OF MY SIBLING				LIRBA MAE A. LABOS Employee Printed Name & Signature	
Printed Name & Signature Section Head		Printed Name & Signature Department Head		Printed Name & Signature Division Head	
IMPORTANT: 1. Please check all applicable boxes. 2. Absence due to sickness which lasts for two (2) days or more must be supported by a medical certificate. 3. Accomplish this form in duplicate copies. Keep your copy for reference. 4. Vacation leave can only be availed of if duly approved 12 working days before usage.				TO BE FILLED UP BY HRD	
				Without Pay no leave entitlement yet	
				Without Pay exhausted all leaves	
				OTHERS (please specify)	
				Earned Leaves Less Above Leave Balance	
VL		SL		EL	
HR Assistant		HR Manager		Others	