



LEAVE / UNDERTIME / OVERTIME REQUEST FORM

Employee:		Employee Number:	
Request for: <i>(Please tick appropriate box.)</i>		Department:	
<input type="checkbox"/> Vacation Leave	<input type="checkbox"/> Solo Parent Leave	<input type="checkbox"/> Undertime	
<input type="checkbox"/> Sick Leave	<input type="checkbox"/> Maternity/Paternity Leave	<input type="checkbox"/> Overtime	
<input type="checkbox"/> Emergency Leave	<input type="checkbox"/> Birthday Leave	<input type="checkbox"/> Others, _____	
Date(s) Request:		From: To :	Time Rendered:
Further Reasons:			
Prepared By:		Supervisor/ Manager: / DIANA JEAN V. MESA	Approved
Signature Over Printed Name		Signature Over Printed Name	Rejected
Remarks/Comments:			
Leave Balances (to be supplied by HR)			
LEAVE AVAILABLE		<input type="checkbox"/> With Pay	
APPLIED		<input type="checkbox"/> Without Pay	
BALANCE			
QF-SP001-J Rev 1 Effective March 19, 2024			



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