

LEAVE / UNDERTIME / OVERTIME REQUEST FORM

Em	ployee:	Employee Number:								
Re	quest for: (Please tick appropriate box.)	Department:								
	Vacation Leave	Solo Parent Lea	ve		Undertime					
	Sick Leave	Maternity/Pate	Maternity/Paternity Leave		Overtime					
	Emergency Leave	Birthday Leave		Others,						
Date(s) Request:			From:		Time Rendered:					
			To:							
Fu	rther Reasons:									
D	and Divi				A					
Prepared By:		Supervisor/ N	Supervisor/ Manager:			Approved				
			/ DIANA JEAN V. MESA							
Signature Over Printed Name		Sign	Signature Over Printed Name			Rejected				
Re	marks/Comments:									
Leave Balances (to be supplied by HR)										
LE/	AVE AVAILABLE		[] With Pay							
ΑP	PLIED		[] Without Pay							
BALANCE										
QF-SP001-J Rev 1 Effective March 19, 2024										

ALTAMEDICA

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Re	quest for: (Please tick appropriate box.)	Department:									
	Vacation Leave	Solo Parent Lea	olo Parent Leave		Undertime						
	Sick Leave Mater		ternity/Paternity Leave		Overtime						
Emergency Leave B		Birthday Leave	Sirthday Leave (Others,						
Da	te(s) Request:		From: Tim		Time R	ne Rendered:					
			To:								
Fu	Further Reasons:										
_			_			T					
Pre	epared By:	Supervisor/ I	Supervisor/ Manager:			Approved					
			/ DIANA JEAN V. MESA								
	Signature Over Printed Name	Sign	Signature Over Printed Name			Rejected					
Remarks/Comments:											
Leave Balances (to be supplied by HR)											
LEAVE AVAILABLE [] With Pay											
APPLIED			[] Without Pay								
ВА	LANCE										
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