



Lyanthe Financial Services, Inc.

3rd Floor ICOHNS Central Building, Cor., Quirino & Mt. Mayon Street, Davao City, Philippines
Tel. No. (6382) 282 - 1636

LEAVE OF ABSENCE REQUEST FORM

Employee Information:

ID No.: _____

Name: _____

Position: _____

Department: _____

Date Filed: _____

PERIOD OF LEAVE

From: _____ To: _____

Duration: _____

REASON FOR ABSENCE *(Please mark appropriate box/es)*

Nature:

Details:

- ☐ Vacation Leave: _____
- ☐ Sick Leave: _____
- ☐ Bereavement Leave: _____
- ☐ Others: _____

Re-scheduled Leave due to:

- ☐ Personal Appointment: _____
- ☐ Special Family Affairs: _____
- ☐ Prolonged Illness: _____
- ☐ Others: _____

LEAVE BALANCES *(To be filled by HR)*

Available Vacation Leave (YTD)

Available Vacation Sick (YTD)

Available Balances Before This Leave

Available Balances Before This Leave

Remaining Balance after this Leave

Remaining Balance after this Leave

Checked by:

Date Received:

Requested by:

Approved by:

Name/Signature:

Name/Signature:

Date: _____

Date: _____