



# Eastern University

## Alternative Day-off / Holiday adjustment form

|             |  |  |  |  |  |  |
|-------------|--|--|--|--|--|--|
| Employee ID |  |  |  |  |  |  |
|-------------|--|--|--|--|--|--|

Please, don't forget to fill up the Employee ID

Name: .....

Designation: ..... Department: .....

Date of Holiday / Day-Off (worked on): .....

Reason of alternate: .....

Date of Alternative Holiday: .....

Applicant's Signature: ..... Date: .....

.....  
Comments / Recommendation by Dean/Advisor of Faculty/ Chairperson/ Registrar/  
Controller of Exam /Deputy Registrar/ Deputy Director/Deputy Librarian:

Signature & Date

### FILL UP BY HR SECTION:

|   |      |        |       |  |           |      |        |       |  |  |               |      |        |
|---|------|--------|-------|--|-----------|------|--------|-------|--|--|---------------|------|--------|
| In Time:  |      |        |       |  | Out Time: |      |        |       |  |  | Total Worked: |      |        |
|   | Hour | Minute | am/pm |  |           | Hour | Minute | am/pm |  |  |               | Hour | Minute |
| Difference between date of holiday/day off (worked on) and date of alternative holiday: |      |        |       |  |           |      |        |       |  |  |               | Days |        |

Leave adjusted as Alternative Leave / Casual Leave / Earned Leave /Leave without Pay

.....  
Registrar / Vice Chancellor

N.B: 1. Should adjust the alternative day-off within 15 days of the working day.  
2. For one alternative holiday minimum duties of 6 hours on holidays.  
3. If any classes on alternative holiday, please attached class reschedule form.