

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| I. | **NATURE OF LEAVE** (Mark with X): | | Date of Filing | | | : |  |
|  |  | Vacation Leave | Inclusive Dates | | | : |  |
|  |  | Sick Leave |  | From | | : |  |
|  |  | Terminal Leave |  | To | | : |  |
|  |  | Others (Pls. Specify): |  | | |  |  |
|  |  |  |  | | |  |  |
|  |  |  |  | | |  |  |
|  | CAUSE / PURPOSE | : (e.g., illness, personal, resignation, filial duties, etc.) | | | | | |
|  |  | | | | |  |  |
|  |  |  |  | | |  |  |
|  |  |  |  | | |  |  |
| II. | **EMPLOYEE DATA**: |  |  | | |  |  |
|  |  |  |  | | |  |  |
|  |  |  |  | | |  |  |
|  |  |  |  | | |  |  |
|  | Name & Signature |  | Group/Unit | | |  | Salary |
|  |  |  |  | | |  |  |
|  |  |  |  | | |  |  |
|  |  |  |  | | |  |  |
| III. | **APPROVAL:** |  | **Remarks:** | | |  |  |
|  | Request for leave of absence approved;  services of employees can be dispensed  with during the above mentioned period. | |  | | |  |  |
|  |  | | |  |  |
|  | With Pay | | |  | Without Pay |
|  |  |  |  | | |  |  |
|  |  |  | **Balance after this leave:** | | | | |
|  |  |  |  | | day/s |  | |
|  |  |  |  | |  | (Specify Leave Type) | |
|  |  | | By: | |  |  | |
|  |  | |  | |  | | |
|  | Name & Signature of Approving Authority | |  | | Name & Signature | | |
|  | Date: | |  | | Date: | | |
|  |  | |  | |  | | |