

LEAVE FORM

Name: IRVIN A. PARES

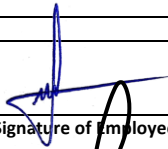
Department: Daraga Date of Filing: Monday, 18 April 2022

Nature of Employment: ☒ Regular ☐ Probationary ☐ Contractual

Type of Leave:

- ☒ Vacation Leave Reason: **8 month old Son, measles vaccination**
☐ Sick Leave (attach Doctor's Certificate for more than 3 days absence)
☐ Maternity Leave
☐ Day-off
☐ Undertime From: _____

Number of Days Applied for: **One (1) Day Only**
 Inclusive Date(s) From: Wednesday, 20 April 2022 to _____


 Signature of Employee


 Signature of Department Head

TO BE FILLED OUT BY HUMAN RESOURCES DEPARTMENT

	<u>VL</u>	<u>SL</u>
Leave Balance:		
as of _____	_____	_____
Less this Leave	_____	_____
Balance	_____	_____

☐ Approved
☐ with pay
☐ without pay
☐ Disapproved
 Reason: _____

Verified by: Team Leader, HR Department

Noted by: General Manager

Approved by: Member of Executive Committee