

LEAVE FORM

Nature of Employment:	Name:	IRVIN A.	PARES		
Type of Leave: Vacation Leave	Department:	Daraga		Date of Filing:	Monday, 18 April 2022
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: Wednesday, 20 April 2022 To Signature of Days Applied for: One (1) Day Only From: Wednesday, 20 April 2022 To Signature of Days Applied for: Signature of Days Approved Signature of Days Approved With pay With pay Unit Days Only Wednesday, 20 April 2022 Unit Days Only With pay With pay Unit Days Only With pay Unit Days Only With Da	Nature of Employment:	Regular	Probationary	Contractual	
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 From: Wednesday, 20 April 2022 to Signature of Descriment Head Signature of Descriment Head	Type of Leave:				
Maternity Leave Day-off Undertime From:	Vacation Lea	ave Reason: 8 mor	th old Son, measles vaccinat	ion	
Day-off Undertime From: Day-off Undertime From: Undertime From:	Sick Leave (a	attach Doctor's Certificate fo	or more than 3 days abse	nce)	
Undertime From:	☐ Maternity Le	eave			
Number of Days Applied for: One (1) Day Only	Day-off				
Inclusive Date(s) From: Wednesday, 20 April 2022 to Signature of Delettment Head TO BE FILLED OUT BY HUMAN RESOURCES DEPARTMENT Leave Balance: as of	Undertime	From:			
Inclusive Date(s) From: Wednesday, 20 April 2022 to Signature of Delettment Head TO BE FILLED OUT BY HUMAN RESOURCES DEPARTMENT Leave Balance: as of					
Inclusive Date(s) From: Wednesday, 20 April 2022 to Signature of Descriment Head TO BE FILLED OUT BY HUMAN RESOURCES DEPARTMENT Leave Balance: as of					
Signature of Implioyee Signature of De actment Head TO BE FILLED OUT BY HUMAN RESOURCES DEPARTMENT Leave Balance:			esday, 20 April 2022	to	·
Signature of De Setment Head TO BE FILLED OUT BY HUMAN RESOURCES DEPARTMENT Leave Balance:				-	
Signature of De Setment Head TO BE FILLED OUT BY HUMAN RESOURCES DEPARTMENT Leave Balance:				< [™]	
TO BE FILLED OUT BY HUMAN RESOURCES DEPARTMENT Leave Balance: as of				Signatu	re of Imployee
TO BE FILLED OUT BY HUMAN RESOURCES DEPARTMENT Leave Balance: as of					
Leave Balance: as of				Signature o	f De Cartment Head
Leave Balance: as of					\leftarrow
Leave Balance: as of with pay Less this Leave Disapproved Balance Reason: Verified by: Team Leader, HR Department Noted by: General Manager Approved Approved Approved With pay Disapproved Reason: ———————————————————————————————————	TO BE FILLED OUT BY HUMA	AN RESOURCES DEPARTMEN	<u>IT</u>		•
as of with pay Less this Leave Disapproved Balance Reason: Verified by: Team Leader, HR Department Noted by: General Manager Approved by:		<u>VL</u>	<u>SL</u>		
Less this Leave					
Palance Reason:	Less this Leave			without pay	
Verified by: Team Leader, HR Department Noted by: General Manager Approved by:	Balance				
Team Leader, HR Department Noted by: General Manager Approved by:	24.4				
Team Leader, HR Department Noted by: General Manager Approved by:					
Team Leader, HR Department Noted by: General Manager Approved by:					
Team Leader, HR Department Noted by: General Manager Approved by:	Verified by:				
Approved by:		eader, HR Department			
Approved by:	Noted by:				
	Approved by:				
		r of Executive Committee			

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Primewater Infrastructure Corp.