



APPLICATION FOR LEAVE FORM

Employee's ID No: _____ Date Filed: _____

Employee's Name: _____

Period Covered:

From: _____ To: _____

No. of day(s) availed: _____

Reason: _____ Type of leave: _____
 _____ Vacation/Forced leave
 _____ Personal leave
 _____ Sick leave
 _____ Official Business
 _____ Service Leave (UCCP Church Workers)

Endorsed By:

Employee's Signature Supervisor/Academic Head

	Accum. Leave Credits	This Leave	Balance	LEAVE ACTION: Recommending:
Vacation leave	_____	_____	_____	<input type="checkbox"/> Approval w/pay
Sick leave	_____	_____	_____	<input type="checkbox"/> Approval w/o pay
Personal leave	_____	_____	_____	<input type="checkbox"/> Disapproved
Others	_____	_____	_____	

No. of days(s) for salary deduction _____
 Effective pay period _____

Noted by: _____ Approved by: _____

RUFINA M. DUMAOANG AdminHRD Officer REV. DR. FERDINAND A. ANNO College President

To be filed in two copies: your file, A/HRMO



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