

APPLICATION FOR LEAVE FORM

Employee's Name: _____ Date: _____
 Period Covered: From: _____ To: _____
 No. of day(s) availed: _____

Reason: _____ Type of leave: _____
 _____ Vacation leave
 _____ Personal leave
 _____ Sick leave
 _____ Others

Employee's Signature _____

Accum. Leave Credits	This Leave	Balance
_____	_____	_____

LEAVE ACTION:
 Recommending: _____
 _____ Approval w/pay
 _____ Approval w/o pay
 _____ Disapproved

Vacation leave _____
 Sick leave _____
 Personal leave _____
 Others _____

No. of days(s) for salary deduction _____
 Effective pay period _____ Supervisor/Academic Head _____

Noted by: _____ Approved by: _____
 A /HRMOfficer VP for Admin and Finance

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

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