



Human Resource Development Office
LEAVE FORM



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LEAVE FORM

Date of Filing: _____

NAME: _____

Signature: _____ Dept. _____

Inclusive Dates of Leave: _____

Types of Leave/No. of days _____

Vacation _____ Sick _____ Compre. Exam _____

Emergency _____ Others: _____ Date of Exam _____

Reason for Leave:

CERTIFICATION

	<u>Sick</u>	<u>Vacation</u>	<u>Emer.</u>	<u>Compre.</u>	<u>Others</u>
Authorized Leave Credits:	____ days	____ days	____ days	____ days	____ days
This Leave:	____ days	____ days	____ days	____ days	____ days
Balance of Leave Credits:	____ days	____ days	____ days	____ days	____ days

Verified Correct: _____

HRD Personnel Assistant _____ Date _____

Remarks: _____

APPROVED/DISAPPROVED: _____ DATE: _____

Dean/Principal/Non-Academic Unit Head

IMPORTANT:

- * The Employee must submit the leave form to the approving Head of Offices before submitting the said document to HRDO for leave credits validation.
- * Vacation Leave – Must be arranged with immediate supervisor and filed at least 3 days before scheduled date of leave, unless for emergency cases.
- * Sick Leave – Notify the Head of Office of sickness or injury IMMEDIATELY. In case of a scheduled medical check-up or operation, notify at least 2 days before the scheduled medical appointment. Submit the Physician’s certification, diagnosis or prescription. File sick leave immediately within 24 hours upon return to office.
- * **Failure to adhere to the prescribed period of notification will be enough reason to disapprove sick/vacation leave with pay.**
- * A medical certification or affidavit is required for sick leave of more than 2 days.

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