

Human Resource Development Office
LONG LEAVE FORM
(15 days or more)

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LONG LEAVE FORM
(15 days or more)

Date of Filing: _____

Date of Filing: _____

Date of Filing: _____

NAME: _____

NAME: _____

NAME: _____

Department: _____

Department: _____

Department: _____

Inclusive Dates of Leave: _____

Inclusive Dates of Leave: _____

Inclusive Dates of Leave: _____

CPU Leave Credits SL _____ (____ days)
 VL _____ (____ days)

CPU Leave Credits SL _____ (____ days)
 VL _____ (____ days)

CPU Leave Credits SL _____ (____ days)
 VL _____ (____ days)

Type of Leave/No. of days

Type of Leave/No. of days

Type of Leave/No. of days

LWP LWOP

LWP LWOP

LWP LWOP

From To No. of Days

From To No. of Days

From To No. of Days

Scholarship _____ _____ _____
 Sick leave _____ _____ _____
 Vacation leave _____ _____ _____
 Magna Carta _____ _____ _____
 Maternity _____ _____ _____

Scholarship _____ _____ _____
 Sick leave _____ _____ _____
 Vacation leave _____ _____ _____
 Magna Carta _____ _____ _____
 Maternity _____ _____ _____

Scholarship _____ _____ _____
 Sick leave _____ _____ _____
 Vacation leave _____ _____ _____
 Magna Carta _____ _____ _____
 Maternity _____ _____ _____

I will not bind myself with any other employer during my Leave of Absence (LOA)
I hereby certify that the information stated above is true and correct.

I will not bind myself with any other employer during my Leave of Absence (LOA)
I hereby certify that the information stated above is true and correct.

I will not bind myself with any other employer during my Leave of Absence (LOA)
I hereby certify that the information stated above is true and correct.

Date Employee's signature over printed name

Date Employee's signature over printed name

Date Employee's signature over printed name

Recommending Approval: APPROVED/DISAPPROVED:

Recommending Approval: APPROVED/DISAPPROVED:

Recommending Approval: APPROVED/DISAPPROVED:

UNIT/DEPT. HEAD VP'S/PRESIDENT

UNIT/DEPT. HEAD VP'S/PRESIDENT

UNIT/DEPT. HEAD VP'S/PRESIDENT

(LOA of 15 – 30 days requires approval by the VP's concerned)
(LOA of more than 30 days requires approval of the President)

(LOA of 15 – 30 days requires approval by the VP's concerned)
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HRD COPY

EMPLOYEE COPY

PAYROLL COPY