

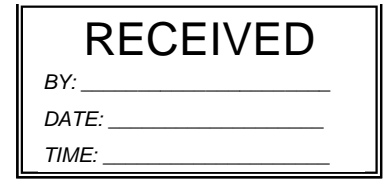
LEAVE APPLICATION - HRMO Form 101, 2016
(FOR ADMINISTRATOR)

Name: _____ Date of Filing : _____
 Department: _____ Status : _____
 Category: Regular/Tenured
 Teaching Personnel Probationary
 Non-Teaching Personnel Fixed-Term Contract

<p>I. REQUEST FOR LEAVE</p> <p>a. Type of Leave</p> <p><input type="checkbox"/> Vacation Leave with Pay (VLP) <input type="checkbox"/> Sick Leave with Pay (SLP) <input type="checkbox"/> Leave of Absence (Without Pay) <input type="checkbox"/> Others (specify): _____</p> <p>b. Number of Working Days <input type="checkbox"/> Applied For: _____ Inclusive Dates : From : _____ To : _____</p> <p>c. Reason for Leave</p> <p>_____ _____ _____</p> <p>Signature of Employee / Date</p>	<p>II. CERTIFICATION OF LEAVE</p> <p>Available leave credits as of this application date: VL <input type="text"/> SL <input type="text"/></p> <p>Leave entitlement as of this application: VL <input type="text"/> SL <input type="text"/></p> <p>Remarks: _____</p> <p>_____ _____</p> <p style="text-align: center;"><u>Cherrie Lou R. Lominario</u> Asst to the Director, HRMO / Date</p> <p>III. RECOMMENDATION OF DIVISION HEAD</p> <p><input type="checkbox"/> Approved <input type="checkbox"/> Disapproved</p> <p>Remarks: _____</p> <p>_____ _____</p> <p style="text-align: center;">_____ Division Head / Date</p>
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<p><input type="checkbox"/> Personal Copy <input type="checkbox"/> Department Copy <input type="checkbox"/> Controller Copy <input type="checkbox"/> HRMO Copy</p>	<p>IV. ACTION TAKEN</p> <p><input type="checkbox"/> Approved <input type="checkbox"/> Disapproved</p> <p>Remarks: _____</p> <p>_____ _____</p> <p style="text-align: center;">_____ Rector and President / Date</p>
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N.B. 1.) Attached medical certification in case of sick leave for two days or more.
 2.) To be accomplished in 4 copies.



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