AQUINAS UNIVERSITY OF LEGAZPI
Human Resource Management Office

RECEIVED
BY: _____
DATE: _____
TIME: _____

LEAVE APPLICATION - HRMO Form 101, 2016
(FOR RANK AND FILE EMPLOYEES)

Name: _____ **Date of Filing :** _____
Department: _____ **Status :**
Category:
- ☐ Teaching Personnel
- ☐ Non-Teaching Personnel

- ☐ Regular/Tenured
- ☐ Probationary
- ☐ Fixed-Term Contract
- ☐ Part-Time

I. REQUEST FOR LEAVE

a . Type of Leave
- ☐ Vacation Leave with Pay (VLP)
- ☐ Sick Leave with Pay (SLP)
- ☐ Leave of Absence (Without Pay)
- ☐ Others (specify):___ Birthday Leave

b . Number of Working Days Applied For: ☐
Inclusive Dates :
From : _____
To : _____

c. Reason for Leave

_____
Signature of Employee / Date

II. CERTIFICATION OF LEAVE

Available leave credits as of this application date:
VL ☐ SL ☐

Leave entitlement as of this application:
VL ☐ SL ☐
Remarks: _____

Cherrie Lou R. Lominario
Assistant to the Director, HRMO/ Date

III. RECOMMENDATION OF DEPT. HEAD

- ☐ Approved
- ☐ Disapproved

Remarks: _____

_____
Department Head / Date

IV. ACTION TAKEN

- ☐ Approved
- ☐ Disapproved

Remarks: _____

_____
DIVISION HEAD / Date

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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