



RECEIVED
BY: _____
DATE: _____
TIME: _____

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

Name: _____	Date of Filing : _____
Department: _____	Status :
Category:	<input type="checkbox"/> Regular/Tenured
<input type="checkbox"/> Teaching Personnel	<input type="checkbox"/> Probationary
<input type="checkbox"/> Non-Teaching Personnel	<input type="checkbox"/> 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)</p> <p><input type="checkbox"/> Others (specify): _____</p> <hr/> <p>b. Number of Working Days <input type="text"/></p> <p>Applied For: _____</p> <p>Inclusive Dates : From : _____ To : _____</p> <p>c. Reason for Leave</p> <p>_____</p> <p>_____</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> <hr/> <p>Leave entitlement as of this application: VL <input type="text"/> SL <input type="text"/></p> <p>Remarks: _____</p> <hr/> <p style="text-align: center;">Cherrie Lou R. Lominario Asst to the Director, HRMO / Date</p> <p>III. RECOMMENDATION OF DEPARTMENT HEAD</p> <p><input type="checkbox"/> Approved <input type="checkbox"/> Disapproved</p> <p>Remarks: _____</p> <hr/> <p>_____</p> <p>Department Head / Date</p>
--	--

<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> <hr/> <p>_____</p> <p>Division Head / Date</p>
---	--

N.B. 1.) Attached medical certification in case of sick leave for two days or more.
2.) To be accomplished in 4 copies.



RECEIVED
BY: _____
DATE: _____
TIME: _____

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

Name: _____	Date of Filing : _____
Department: _____	Status :
Category:	<input type="checkbox"/> Regular/Tenured
<input type="checkbox"/> Teaching Personnel	<input type="checkbox"/> Probationary
<input type="checkbox"/> Non-Teaching Personnel	<input type="checkbox"/> 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)</p> <p><input type="checkbox"/> Others (specify): _____</p> <hr/> <p>b. Number of Working Days <input type="text"/></p> <p>Applied For: _____</p> <p>Inclusive Dates : From : _____ To : _____</p> <p>c. Reason for Leave</p> <p>_____</p> <p>_____</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> <hr/> <p>Leave entitlement as of this application: VL <input type="text"/> SL <input type="text"/></p> <p>Remarks: _____</p> <hr/> <p style="text-align: center;">Cherrie Lou R. Lominario Asst to the Director, HRMO / Date</p> <p>III. RECOMMENDATION OF DEPARTMENT HEAD</p> <p><input type="checkbox"/> Approved <input type="checkbox"/> Disapproved</p> <p>Remarks: _____</p> <hr/> <p>_____</p> <p>Department Head / Date</p>
--	--

<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> <hr/> <p>_____</p> <p>Division Head / Date</p>
---	--

N.B. 1.) Attached medical certification in case of sick leave for two days or more.
2.) To be accomplished in 4 copies.