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

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

I. REQUEST FOR LEAVE	II. CERTIFICATION OF LEAVE
a. Type of Leave	Available leave credits as of this application date:
<input type="checkbox"/> Vacation Leave with Pay (VLP)	VL <input type="text"/> SL <input type="text"/>
<input type="checkbox"/> Sick Leave with Pay (SLP)	Leave entitlement as of this application:
<input type="checkbox"/> Leave of Absence (Without Pay)	VL <input type="text"/> SL <input type="text"/>
<input type="checkbox"/> Others (specify): _____	Remarks: _____
b. Number of Working Days <input type="text"/>	<u>Agnes Chona Magno-Dela Cruz, LI.B.</u> Director, HRMO / Date
Applied For: _____	III. RECOMMENDATION OF DIVISION HEAD
Inclusive Dates :	<input type="checkbox"/> Approved
From : _____	<input type="checkbox"/> Disapproved
To : _____	Remarks: _____
c. Reason for Leave	_____
_____	_____
_____	_____
Signature of Employee / Date	Division Head / Date

IV. ACTION TAKEN	IV. ACTION TAKEN
<input type="checkbox"/> Personal Copy	<input type="checkbox"/> Approved
<input type="checkbox"/> Department Copy	<input type="checkbox"/> Disapproved
<input type="checkbox"/> Controller Copy	Remarks: _____
<input type="checkbox"/> HRMO Copy	_____
N.B. 1.) Attached medical certification in case of sick leave for two days or more.	_____
2.) To be accomplished in 4 copies.	Rector and President / Date



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