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

Name: _____ Department: _____ Category: <input type="checkbox"/> Teaching Personnel <input type="checkbox"/> Non-Teaching Personnel	Date of Filing : _____ Status : <input type="checkbox"/> Regular/Tenured <input type="checkbox"/> Probationary <input type="checkbox"/> Fixed-Term Contract <input type="checkbox"/> Part-Time
I. REQUEST FOR LEAVE	III. RECOMMENDATION OF DEPT. HEAD
a . Type of Leave <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): _____	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved Remarks: _____ _____ <div style="text-align: center;">_____ Department Head / Date</div>
b. Number of Working Days Applied For: <input style="width: 40px;" type="text"/> Inclusive Dates : From : _____ To : _____	 <div style="text-align: center;">_____ Department Head / Date</div>
c. Reason for Leave	IV. ACTION TAKEN
_____ <div style="text-align: center;">_____ Signature of Employee / Date</div>	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved Remarks: _____ _____ <div style="text-align: center;">_____ DIVISION HEAD / Date</div>
II. CERTIFICATION OF LEAVE	
Available leave credits as of this application date: VL <input style="width: 40px;" type="text"/> SL <input style="width: 40px;" type="text"/>	
Leave entitlement as of this application: VL <input style="width: 40px;" type="text"/> SL <input style="width: 40px;" type="text"/> Remarks: _____	
<div style="text-align: center;">_____ Agnes Chona Magno-Dela Cruz, LI.B. Director, HRMO / Date</div>	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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