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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

I. REQUEST FOR LEAVE	II. CERTIFICATION OF LEAVE
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): _____ <hr/> b. Number of Working Days <input type="text"/> Applied For: Inclusive Dates : From : _____ To : _____ c. Reason for Leave _____ _____ _____ <hr/> _____ <i>Signature of Employee / Date</i>	Available leave credits as of this application date: VL <input type="text"/> SL <input type="text"/> <hr/> Leave entitlement as of this application: VL <input type="text"/> SL <input type="text"/> Remarks: _____ _____ <hr/> <p style="text-align: center;"><i>Agnes Chona Magno-Dela Cruz, LI.B.</i> <i>Director, HRMO / Date</i></p> III. RECOMMENDATION OF DEPARTMENT HEAD <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved Remarks: _____ _____ _____ <hr/> _____ <i>Department Head / Date</i>

IV. ACTION TAKEN	IV. ACTION TAKEN
<input type="checkbox"/> Personal Copy <input type="checkbox"/> Department Copy <input type="checkbox"/> Controller Copy <input type="checkbox"/> HRMO Copy	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved Remarks: _____ _____ _____ <hr/> _____ <i>Division Head / Date</i>
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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