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

Name: ____________________________ Date of Filing: ____________________________
Department: ____________________________ Status: ____________________________
Category: Teaching Personnel Non-Teaching Personnel
Regular/Tenured Probationary Fixed-Term Contract

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): ________________

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

Agnes Chona Magno-Dela Cruz, Ll.B.

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

III. RECOMMENDATION OF DEPARTMENT HEAD

   - Approved
   - Disapproved
   Remarks: ____________________________
   ____________________________

   Signature of Employee / Date ____________________________
   Department Head / Date ____________________________

IV. ACTION TAKEN

   - Approved
   - Disapproved
   Remarks: ____________________________
   ____________________________

   Personal Copy
   Department Copy
   Controller Copy
   HRMO Copy

   Signature of Employee / Date ____________________________
   Department Head / Date ____________________________
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<th>N.B.</th>
<th>1.) Attached medical certification in case of sick leave for two days or more.</th>
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<td>2.) To be accomplished in 4 copies.</td>
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