



LEAVE APPLICATION FORM

Date of Application: _____

HRDO Form #001 Series 2023

PERSONAL INFORMATION Employee Faculty

Full Name:	Surname	Given Name	Middle Initial	Employee / Faculty ID Number
Office Designation <i>(for Employee)</i>	<input type="checkbox"/> Registrar's Office <input type="checkbox"/> Finance Office <input type="checkbox"/> VPAA <input type="checkbox"/> HRDO <input type="checkbox"/> WASTFI <input type="checkbox"/> Library <input type="checkbox"/> Others: _____			
Position:			Department	

APPLICATION DETAILS

<p>A. TYPE OF LEAVE</p> <p><input type="checkbox"/> Bereavement Leave</p> <p><input type="checkbox"/> Birthday Leave</p> <p><input type="checkbox"/> Maternity Leave</p> <p><input type="checkbox"/> Nuptial Leave</p> <p><input type="checkbox"/> Service Incentive Leave (SIL)</p> <p><input type="checkbox"/> Solo-Parent Leave</p> <p><input type="checkbox"/> Leave Credits (for Program Heads)</p> <p>Basis: _____</p> <p><input type="checkbox"/> Others (pls specify): _____</p>	<p>B. LEAVE DETAILS</p> <p>Number of Days: _____</p> <p>Inclusive Dates</p> <p>From: _____ To: _____</p> <hr/> <p>C. COMMUTATION</p> <p><input type="checkbox"/> Requested</p> <p><input type="checkbox"/> Not Requested</p>
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Signature Over Printed Name of Applicant

DETAILS OF ACTION ON APPLICATION

<p>SERVICE INCENTIVE LEAVE CREDITS</p> <p>AS OF _____</p> <p>NO. OF DAYS SIL _____</p>	<p><input type="checkbox"/> Approved</p> <p>_____ Days with Pay</p> <p>_____ Days without Pay</p> <p><input type="checkbox"/> Disapproved, due to: _____</p>
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REMARKS:

<p>Endorsed by:</p> <p>_____</p> <p><i>Signature of immediate supervisor over printed name</i></p>	<p>Approved by:</p> <p>_____</p> <p>Marites D. Manlongat, PhD <i>VP for Administration & Finance</i></p>
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