HRD Form 17A  rev01

Date of Filing: ____________________

NAME: __________________________________________________________

Department: ____________________________________________________

Inclusive Dates of Leave: __________________________________________

[ ] CPU Leave Credits [ ] SL ____________________ (_______days)

[ ] VL ____________________ (_______days)

Type of Leave/No. of days

[ ] LWP                           [ ] LWOP

From         To         No. of Days

[ ] Scholarship _________     _________   ___________

[ ] Sick leave _________     _________   ___________

[ ] Vacation leave _________     _________   ___________

[ ] Magna Carta _________     _________   ___________

[ ] Maternity _________     _________   ___________

I will not bind myself with any other employer during my Leave of
Absence (LOA)

I hereby certify that the information stated above is true and correct.

_______________________________________________

Date

Employee’s signature over printed name

Recommending Approval:

APPROVED/DISAPPROVED:

UNIT/DEPT. HEAD             VP’S/PRESIDENT

(LOA of 15 – 30 days requires approval by the VP’s concerned)
(LOA of more than 30 days requires approval of the President)

EMPLOYEE COPY

PAYROLL COPY