HUMAN RESOURCE DEVELOPMENT OFFICE
LEAVE FORM

Date of Filing: _____

Name: _____
Signature:_____Dept.:_____
Inclusive Dates of Leave: _____
Types of Leave/No. of days _____
☐ Vacation: _____   ☐ Sick: _____   ☐ Comprehensive Exam: _____
☐ Emergency: _____ ☐ Others:_____ Date of Exam:_____

Reason for Leave:

CERTIFICATION

	Sick	Vacation	Emer.	Compre.	Others
Authorized Leave Credits:	___days	____days	____days	____days	____days
This Leave:	___days	____days	____days	____days	____days
Balance of Leave Credits:	____days	____days	____days	____days	____days

Verified Correct:

_____   _____
HRD Personnel Assistant   Date

Remarks: _____

APPROVED/DISAPPROVED: DATE:_____

_____
Dean/Principal/Academic & Non-Academic Unit Head

OIC / Substitute (if any) _____

IMPORTANT:
* The Employee should check leave credits with the Personnel Assistant before submitting it to the approving Head of Office.
* Vacation Leave – Must be arranged with immediate supervisor and filed at least 3 days before scheduled date of leave, unless for emergency cases.
* Sick Leave – Notify the Head of Office of sickness or injury IMMEDIATELY. In case of a scheduled medical check-up or operation, notify at least 2 days before the scheduled medical appointment. Submit the Physician's certification, diagnosis or prescription. File sick leave immediately within 24 hours upon return to office.
* **Failure to adhere to the prescribed period of notification will be enough reason to disapprove sick/vacation leave with pay.**
* A medical certification or affidavit is required for sick leave of more than 2 days.