

Human Resource Development Office
LONG LEAVE FORM
(15 TO 30 DAYS)

Date of Filing: _____

NAME: _____

DEPARTMENT: _____

Inclusive Dates of Leave: _____

For HRD PERSONNEL to fill-out

CPU Leave Credits SL _____ (____ days)

VL _____ (____ days)

Type of Leave/No. of days

Leave with Pay Leave without Pay

	From	To	No. of Days
<input type="checkbox"/> Scholarship	_____	_____	_____
<input type="checkbox"/> Sick Leave	_____	_____	_____
<input type="checkbox"/> Vacation leave	_____	_____	_____
<input type="checkbox"/> Magna Carta	_____	_____	_____
<input type="checkbox"/> Maternity	_____	_____	_____

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

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

Employee's signature over printed name

Date

NOTE: Application for long leave should be filed one (1) month before the start of the date of the leave period

Recommending Approval:

UNIT/DEPARTMENT HEAD
Approved/Disapproved:

VICE PRESIDENT/PRESIDENT

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