

Human Resource Development Office  
LONG LEAVE FORM  
(MORE THAN 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/Date

\_\_\_\_\_  
VICE PRESIDENT/Date

Approved/Disapproved:

\_\_\_\_\_  
PRESIDENT

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