

Human Resource Development Office RETURN TO WORK FORM (QUARANTINE)

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Human Resource Development Office RETURN TO WORK FORM (QUARANTINE)

Date of Application:		Date of Application:			
Name:		Name:			
Department/Unit:		Department/Unit:			
Quarantine Period: From: To:		Quara	antine Period: From: To:		
Reason for Leave (please check appropriate box):		Reason for Leave (please check appropriate box):			
	I am a COVID-19 positive;		I am a COVID-19 positive;		
	My residence is under lock-down;		My residence is under lock-down;		
	I am a primary contact of a COVID-19 positive;		I am a primary contact of a COVID-19 positive;		
	I am a secondary contact of a COVID-19 positive;		I am a secondary contact of a COVID-19 positive;		
	Others (please specify)		Others (please specify)		
Validated by:			Validated by:		
Medical Clinic Personnel			Medical Clinic Personnel		
Endorsed by:		Endorsed by:			
Chairperson, Incident Management Team (IMT)			Chairperson, Incident Management Team (IMT)		
Approved by:			Approved by:		
University President			University President		
CPLLHPD-Form 28A			CDLLHDD-Form 28A		

CPU-HRD-Form 28A Rev 01 Effectivity: June 1, 2024 CPU-HRD-Form 28A Rev 01 Effectivity: June 1, 2024