



APPLICATION FOR LEAVE

Employee Name:_____

EMPLOYMENT STATUS:
☐ Regular
☐ Probationary
☐ Project Based
☐ Apprentice

Branch/Dept.:_____

Date of Filing:_____

Date of Leave From:_____ To: _____

No. of Day/s: _____

Reason for Leave:_____

Requested by:_____

Approved by:_____

Noted by:_____

Employee's Signature

Immediate Supervisor

Executive Director

HR Manager

Pls. Check: <input type="checkbox"/> With Pay [_____]Days [_____]Hrs. [_____]Mins.] <input type="checkbox"/> W/out Pay[_____]Days [_____]Hrs. [_____]Mins]	Pls. Check: <input type="checkbox"/> VL <input type="checkbox"/> SL <input type="checkbox"/> EL	Remaining Leave ⇒ _____ ⇒ _____
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