



REQUEST FOR LEAVE

1. All absences from work should be supported by this form to be submitted to the unit head and HR Office immediately before or after the date of absence to be cleared.

2. The two copies are for the HR Office and employee.

3. All regular employees are entitled to 15 working days of paid vacation leave and 15 working days of sick leave. If one goes on a personal leave of absence without pay, a deduction of 1.25 days per month of leave is made and charged to VL or SL as the case may be.

4. If sick leave, state nature of illness; if emergency, state reason and enclose supporting documents. For sick leave of 3 or more days, one copy of medical certificate is needed, ISSUED BY A DOCTOR A DAY BEFORE, DURING OR A DAY AFTER SL OCCURRED.

TO: Unit Head _____ Unit _____

Name of Employee _____ No. of work days _____

Inclusive dates of leave: From: _____ To: _____

Charge to: ☐ Vacation leave ☐ Emergency ☐ Maternity ☐ Union leave
☐ Sick leave ☐ Official ☐ Paternity ☐ Without Pay

Signature of Applicant

Comments & Signature of Unit Head

For HRO use only:



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