



REQUEST FOR LEAVE

TERTIARY FACULTY USE ONLY

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 3 copies are for the employee, AVP office and HR office.

3. Leave entitlements. *Administrators with Faculty Status* are entitled to 15 working days of paid VL, 15 working days of SL and 6 days of EL. *Full Time Regular Faculty and Substitute Faculty* are entitled to 15 working days of SL and 6 days of EL.

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

☐ Without Pay

☐ Sick leave

☐ Official

☐ Paternity

☐ With Substitution

☐ With make up classes

Signature of Applicant _____ Signature of Chairman _____ Signature of Dean _____ Signature of AVP _____

For HRO use only:



TERTIARY FACULTY USE ONLY

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 3 copies are for the employee, AVP office and HR office.

3. Leave entitlements. *Administrators with Faculty Status* are entitled to 15 working days of paid VL, 15 working days of SL and 6 days of EL. *Full Time Regular Faculty and Substitute Faculty* are entitled to 15 working days of SL and 6 days of EL.

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

☐ Without Pay

☐ Sick leave

☐ Official

☐ Paternity

☐ With Substitution

☐ With make up classes

Signature of Applicant _____ Signature of Chairman _____ Signature of Dean _____ Signature of AVP _____

For HRO use only:
