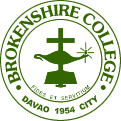
**Brokenshire College**

Madapo, Davao City

**APPLICATION FOR LEAVE OF ABSENCE**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of application: \_\_\_\_\_\_\_\_\_\_

Department/Unit: \_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for Leave: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check Nature of Leave:

( ) Personal Leave w/ pay ( ) Service Leave/Official Business

( ) Personal Leave w/o pay ( ) Study Leave

( ) Sick Leave w/ pay ( ) Maternity Leave

( ) Sick Leave w/o pay ( ) Paternity Leave

( ) Vacation Leave w/ pay ( ) Training

()VacationLeavew/opay () Others (*Pls. Specify*):\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Days: \_\_\_\_\_ From: \_\_\_\_\_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_\_\_\_\_\_

Assigned OIC in case of Dept. Head: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(1) Signature above printed name of Employee

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For HRMD only:

|  |  |  |
| --- | --- | --- |
| Previous Balance | Leave Charged | Latest Balance |
|  |  |  |

**Verified:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(2) HRMD Staff – Compensation and Benefits

**APPROVED:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Director, HRMD

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(3) Department Head (1-7 days)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

President (31 days & more)

**Documentary Requisites:**

Sick Leave – Medical Certificate

Maternity Leave – OB History / Birth Certificate

Paternity Leave – Birth Certificate

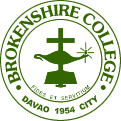
Service/Official Business/Training – Program Invitation

**Note: Please verify your leave at the HRMD first**

FRM-HRM27

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**Brokenshire College**

Madapo, Davao City

**APPLICATION FOR LEAVE OF ABSENCE**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of application: \_\_\_\_\_\_\_\_\_\_

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( ) Sick Leave w/ pay ( ) Maternity Leave

( ) Sick Leave w/o pay ( ) Paternity Leave

( ) Vacation Leave w/ pay ( ) Training

() Vacation Leave w/o pay () Others (*Pls. Specify*): \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Days: \_\_\_\_\_ From: \_\_\_\_\_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_\_\_\_\_\_

Assigned OIC in case of Dept. Head: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(1) Signature above printed name of Employee

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For HRMD only:

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| Previous Balance | Leave Charged | Latest Balance |
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**Verified:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(2) HRMD Staff – Compensation and Benefits

**APPROVED:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Director, HRMD

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(3) Department Head (1-7 days)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

President (31 days & more)

**Documentary Requisites:**

Sick Leave – Medical Certificate

Maternity Leave – OB History / Birth Certificate

Paternity Leave – Birth Certificate

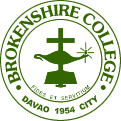
Service/Official Business/Training – Program Invitation

**Note: Please verify your leave at the HRMD first**

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**Brokenshire College**

Madapo, Davao City

**APPLICATION FOR LEAVE OF ABSENCE**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of application: \_\_\_\_\_\_\_\_\_\_

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( ) Sick Leave w/o pay ( ) Paternity Leave

( ) Vacation Leave w/ pay ( ) Training

() Vacation Leave w/o pay () Others (*Pls. Specify*): \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Days: \_\_\_\_\_ From: \_\_\_\_\_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_\_\_\_\_\_

Assigned OIC in case of Dept. Head: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(1) Signature above printed name of Employee

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For HRMD only:

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| Previous Balance | Leave Charged | Latest Balance |
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**Verified:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(2) HRMD Staff – Compensation and Benefits

**APPROVED:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Director, HRMD

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(3) Department Head (1-7 days)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

President (31 days & more)

**Documentary Requisites:**

Sick Leave – Medical Certificate

Maternity Leave – OB History / Birth Certificate

Paternity Leave – Birth Certificate

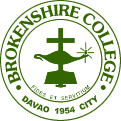
Service/Official Business/Training – Program Invitation

**Note: Please verify your leave at the HRMD first**

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**Brokenshire College**

Madapo, Davao City

**APPLICATION FOR LEAVE OF ABSENCE**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of application: \_\_\_\_\_\_\_\_\_\_

Department/Unit: \_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for Leave: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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( ) Sick Leave w/o pay ( ) Paternity Leave

( ) Vacation Leave w/ pay ( ) Training

() Vacation Leave w/o pay () Others (*Pls. Specify*): \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Days: \_\_\_\_\_ From: \_\_\_\_\_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_\_\_\_\_\_

Assigned OIC in case of Dept. Head: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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(1) Signature above printed name of Employee

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For HRMD only:

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| Previous Balance | Leave Charged | Latest Balance |
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**Verified:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(2) HRMD Staff – Compensation and Benefits

**APPROVED:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Director, HRMD

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(3) Department Head (1-7 days)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

President (31 days & more)

**Documentary Requisites:**

Sick Leave – Medical Certificate

Maternity Leave – OB History / Birth Certificate

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Service/Official Business/Training – Program Invitation

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