



HUMAN RESOURCE MANAGEMENT OFFICE

LEAVE APPLICATION FOR STAFF (For 15 days below)

Vacation Leave: Sick/Emergency/Bereavement Leave: Half day Leave/s should be specified am/pm	To be filed at the HRMO at least 2 days <u>before</u> actual leave To be filed at the HRMO on the day you return to work after the sickness/emergency/interment
---	--

Name _____ Date Filed _____
 Department _____
 Date(s) of Leave _____ Number of Days _____ AM PM

Nature of Leave (Please check one box)

- Vacation Leave
- Sick Leave (1/2 to 2 days) : Medical certificate from school nurse is required.
 More than 2 days : Medical certificate from attending physician is required.
- Emergency Leave : Nature of Emergency _____
- Paternity Leave : (__ 1st, __ 2nd, __ 3rd, __ 4th child) Please attach birth certificate of the child.
- Bereavement Leave : Relationship with the deceased _____
 Please attach death certificate
- Parental Leave

Employee's Signature

Recommended for Approval:

Disapproved:

Printed Name and Signature of Immediate Head

Reason(s) _____

Date Signed

<i>To be filled out by HRMO - Staff Services</i>	
_____ Leave with pay	_____ Leave without pay
_____ number of days	_____ number of days

Date Received by HRMO

Approved:

DR. SUSAN T. MOSTAJO
 Director, HRMO



HUMAN RESOURCE MANAGEMENT OFFICE

DUPLICATE COPY

LEAVE APPLICATION FOR STAFF (For 15 days below)

Vacation Leave: Sick/Emergency/Bereavement Leave: Half day Leave/s should be specified am/pm	To be filed at the HRMO at least 2 days <u>before</u> actual leave To be filed at the HRMO on the day you return to work after the sickness/emergency/interment
---	--

Name _____ Date Filed _____
 Department _____
 Date(s) of Leave _____ Number of Days _____ AM PM

Nature of Leave (Please check one box)

- Vacation Leave
- Sick Leave (1/2 to 2 days) : Medical certificate from school nurse is required.
 More than 2 days : Medical certificate from attending physician is required.
- Emergency Leave : Nature of Emergency _____
- Paternity Leave : (__ 1st, __ 2nd, __ 3rd, __ 4th child) Please attach birth certificate of the child.
- Bereavement Leave : Relationship with the deceased _____
 Please attach death certificate
- Parental Leave

Employee's Signature

Recommended for Approval:

Disapproved:

Printed Name and Signature of Immediate Head

Reason(s) _____

Date Signed

<i>To be filled out by HRMO - Staff Services</i>	
_____ Leave with pay	_____ Leave without pay
_____ number of days	_____ number of days

Date Received by HRMO

Approved:

DR. SUSAN T. MOSTAJO
 Director, HRMO