## **APPLICATION FOR LEAVE**

|  | 2. NAMI       | E (Last)                                | (First)  | (Middle)          |
|--|---------------|---|--|-------------------|
| Office of the Head of Procurement  |               | <b>ESCALA</b>                           | LEOPOLDO Jr.   |                   |
| 3.DATE OF FILING: Nov. 25, 2021  | 4. POSI       | TION                                    | ECA  | LARY              |
| 6.D  | ETAILS O      | F APPLICATI                             | ON J.SA  | LAKI              |
| 6.a TYPE OF LEAVE:   |               | 6.b. WHE                                | RE LEAVE WILL BE SPEN  | NT .              |
| [ ] Vacation [ ] To seek employment [ ] Others (specify)   |               | (1) [                                   | n case of Vacation Leave ] Within the Philippines ] Abroad (specify) | avec e            |
| [ ] Sick<br>[ ] Maternity<br>[ √ ] Others (specify) (FORCED LEAVE)   |               | ] [                                     | case of Sick Leave In hospital (specify) Out-Patient (specify)       |                   |
| .c NUMBER OF WORKING DAYS APPLIED FOR  | 2 DAYS        | 6.d COMMI                               | JTATION  | 1,1802   -1       |
| nclusive Dates: December 29 & 31, 2021   |               | 100000000000000000000000000000000000000 |  |                   |
| 20 21, 2021  |               | [] Ked                                  | quested  | ot Requested      |
| +  |               |   | LEOPOLOS S. ESCALA<br>(Signature of Applicant)                       | <u>JR</u>         |
| 7. DETAILS   | OF ACTIO      | ON ON APPLI                             |  |                   |
| · CEPTIFICATION -  | OF ACTIO      | ON APPLI                                | CATION   |                   |
| a CERTIFICATION OF LEAVE CREDITS as of   | 7.b RECOM     | IMENDATION:                             |  |                   |
|  | -             |   |  |                   |
| Number of Days   |               | [ ] App<br>[ ] Disa                     | pproved due to :   |                   |
| Vacation Sick  | Total         | . ,                                     | FF. 9104 446 (U ,  |                   |
|  |               |   |  |                   |
|  |               |   |  |                   |
|  |               |   | M//  |                   |
| HONEY SOFIA V. COLIS   |               |   | JESSAMINE C. ECL   | EO                |
| Head, PRPEO  |               |   | Authorized Officia   | ı                 |
| APPROVED FOR:  |               | 7.d DISAPPROVED due to:                 |  |                   |
| days with pay days without   | ut pay        |   |  |                   |
| Others (specify)   | -             |   |  |                   |
|  |               |   |  | F                 |
|  | _   -         |   |  |                   |
|  |               |   |  |                   |
|  |               |   |  |                   |
|  | GARDO I       | E. TULIN                                |  |                   |
| Uni  | iversity Pres | i Signature)<br>ident                   | Date:  |                   |
|  | INSTRUCT      | TION                                    | 4  |                   |
| Application for vacation or sick leave for one full dain duplicate.  | av or more    | chall be '                              |  |                   |
| Application for vacation leave shall be filed in advance or exce   | ay or more    | silali pe made                          | on this Form and to be ac  | complished at lea |
| Application for vacation leave shall be filed in adva<br>Application for sick leave filed in advance or exce |               |   |  |                   |

Application for sick leave filed in advance or exceeding five (5) days shall be accompanied by a medical certificate. In

An employee who is absent without approved leave shall not be entitled to receive his/her salary corresponding to the

An application for leave of absence for thirty (30) calendar days or more shall be accompanied by a clearance from money

case medical consultation was not availed of, an affidavit should be executed by the applicant.

## **APPLICATION FOR LEAVE**

| 1.OFFICE/AGENCY  | 2. NAME     | (Last)                  | (First)   | (Middle)    |  |  |  |
|--|-------------|-------------------------|---|-------------|--|--|--|
| Office of the Head of Procurement  |             | ESCALA                  | LEOPOLDO .  | Ir. SIMPRON |  |  |  |
| 3.DATE OF FILING: Nov. 25, 2021  | 4. POSITI   | ON                      | 5.  | SALARY      |  |  |  |
| 6.DETAILS OF APPLICATION   |             |                         |   |             |  |  |  |
| 6.a TYPE OF LEAVE:   |             | RE LEAVE WILL BE S      |   |             |  |  |  |
| [ ] Vacation   |             |                         | In case of Vacation Lea  [ ] Within the Philippir  [ ] Abroad (specify) |             |  |  |  |
| [ ] Sick<br>[ ] Maternity<br>[ √ ] Others (specify) <b>(SLP)</b>   |             |                         | In case of Sick Leave [ ] In hospital (specify [ ] Out-Patient (specif  |             |  |  |  |
| 6.c NUMBER OF WORKING DAYS APPLIED FOR 3 DAYS  |             | 6.d COMMUTATION         |   |             |  |  |  |
| Inclusive Dates: December 22-24, 2021  |             | []F                     | LEOPOLDO S. ESC<br>(Signature of Appl                                   |             |  |  |  |
| 7. DETAILS OF ACTION ON APPLICATION  |             |                         |   |             |  |  |  |
| 7.a CERTIFICATION OF LEAVE CREDITS as of   |             |                         | OMMENDATION:  |             |  |  |  |
| Number of Days   | Total       |                         | pproved<br>lisapproved due to :   |             |  |  |  |
| Vacation Sick  | Total       | =                       |   | /           |  |  |  |
| HONEY SOFIA V. CO  | <u>DLIS</u> | _                       | JESSAMINE C<br>Authorized   |             |  |  |  |
| 7.c APPROVED FOR:  |             | 7.d DISAPPROVED due to: |   |             |  |  |  |
| days with pay days   | without pay |                         |   |             |  |  |  |
| Others (specify)   |             |                         |   |             |  |  |  |
| EDGARDO E. TULIN (Printed Name and Signature) University President Date: INSTRUCTION   |             |                         |   |             |  |  |  |
| 1. Application for vacation or sick leave for one full day or more shall be made on this Form and to be accomplished at least  |             |                         |   |             |  |  |  |
| <ol> <li>in duplicate.</li> <li>Application for vacation leave shall be filed in advance or whenever possible five (5) days before going on such leave.</li> <li>Application for sick leave filed in advance or exceeding five (5) days shall be accompanied by a medical certificate. In case medical consultation was not availed of, an affidavit should be executed by the applicant.</li> </ol> |             |                         |   |             |  |  |  |

4. An employee who is absent without approved leave shall not be entitled to receive his/her salary corresponding to the

5. An application for leave of absence for thirty (30) calendar days or more shall be accompanied by a clearance from money

period of his/her authorized leave of absence.

and property accountabilities.