

APPLICATION FOR LEAVE

1.OFFICE/AGENCY	2. NAME (Last) (First) (Middle)								
DAEEEx	GOLTIANO, HENRY Y.								
3.DATE OF FILING: Feb. 21, 2020	4. POSITION: Assoc. Prof. V		5.SALARY						
6.DETAILS OF APPLICATION									
6.a TYPE OF LEAVE : <input type="checkbox"/> Vacation <input type="checkbox"/> To seek employment <input checked="" type="checkbox"/> Others (specify) <u>SLP</u> <input type="checkbox"/> Sick <input type="checkbox"/> Maternity <input type="checkbox"/> Others (specify) _____		6.b. WHERE LEAVE WILL BE SPENT (1) In case of Vacation Leave <input type="checkbox"/> Within the Philippines <input type="checkbox"/> Abroad (specify) _____ _____ (2) In case of Sick Leave <input type="checkbox"/> In hospital (specify) _____ <input type="checkbox"/> Out-Patient (specify) _____ _____							
6.c NUMBER OF WORKING DAYS APPLIED FOR (1 Day) Inclusive Dates: <u>February 26, 2020</u>		6.d COMMUTATION <input type="checkbox"/> Requested <input type="checkbox"/> Not Requested <div style="text-align: right;"> <u>HENRY Y. GOLTIANO</u> (Signature of Applicant) </div>							
7. DETAILS OF ACTION ON APPLICATION									
7.a CERTIFICATION OF LEAVE CREDITS as of _____ Number of Days <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse; text-align: center;"> <tr> <td style="padding: 5px;">Vacation</td> <td style="padding: 5px;">Sick</td> <td style="padding: 5px;">Total</td> </tr> <tr> <td style="height: 30px;"></td> <td></td> <td></td> </tr> </table> <div style="text-align: center; margin-top: 10px;"> <u>HONEY SOFIA V. COLIS</u> AO V, PRPEO </div>		Vacation	Sick	Total				7.b RECOMMENDATION: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved due to : _____ _____ _____ <div style="text-align: right;"> <u>VICTOR B. ASIO</u> Authorized Official </div>	
Vacation	Sick	Total							
7.c APPROVED FOR: _____ days with pay _____ days without pay Others (specify) _____		7.d DISAPPROVED due to: _____ _____ _____							
<u>EDGARDO E. TULIN</u> (Printed Name and Signature) University President Date: _____									
<u>INSTRUCTION</u>									
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 in duplicate. 2. Application for vacation leave shall be filed in advance or whenever possible five (5) days before going on such leave. 3. 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. 4. An employee who is absent without approved leave shall not be entitled to receive his/her salary corresponding to the period of his/her authorized leave of absence. 5. An application for leave of absence for thirty (30) calendar days or more shall be accompanied by a clearance from money and property accountabilities.									