HUMAN RESOURCE DEPARTMENT
LEON GUINTO MEMORIAL COLLEGE INC.

APPLICATION FOR LEAVE

HRAS Form No. 003-23

EMPLOYEE NAME (LAST NAME) (FIRST NAME) (MIDDLE INITIAL)	DATE OF FILING (JAN. 01, 2023, MONDAY)

DETAILS OF APPLICATION

TYPE OF LEAVE
Please check (✓) appropriate boxes

- ☐ Vacation
- ☐ Sick
- ☐ To seek employment
- ☐ Maternity
- ☐ Bereavement
- ☐ In Hospital (specify)
- ☐ Out Patient (specify)
- ☐ Others (specify)

To be accomplished by the HR:
☐ With Pay ☐ Without Pay

NUMBER OF LEAVE CREDITS:

SPECIFY HERE

DEPARTMENT	INCLUSIVE DATES	NUMBER OF WORKING DAYS APPLIED FOR

APPROVED BY:

RECEIVED BY:

SIGNATURE OF EMPLOYEE | **SUPERVISOR/DEPARTMENT HEAD** | **HR DEPARTMENT**

EMPLOYEE'S COPY

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SUPERVISOR'S COPY

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