

APPLICATION FOR LEAVE

1. OFFICE/DEPT./DIVISION	Name (Last)	(First)	(Middle)									
CN	Acob	Joel Rey	Ugsang									
3. DATE OF FILING	4. POSITION	5. SALARY (Monthly)										
02/09/2021	Assistant Professor II											
6. DETAILS OF APPLICATION												
6.a TYPE OF LEAVE: Sick		6.b WHERE LEAVE WILL BE SPENT: (1) In case of vacation leave <input type="checkbox"/> Within the Philippines <input type="checkbox"/> Abroad (Pls. Specify) (2) In case of Sick leave <input type="checkbox"/> In Hospital (Pls. Specify) <input checked="" type="checkbox"/> Out Patient (Pls. Specify) : at home										
6.c NUMBER OF WORKING DAYS APPLIED FOR 1 Inclusive Dates 01/25/2021 - 01/25/2021		6.d COMMUTATION <input type="checkbox"/> Requested <input checked="" type="checkbox"/> Not Requested ACOB, JOEL REY U. _____ (Signature of Applicant)										
7. DETAILS OF ACTION ON APPLICATION												
7.a CERTIFICATION OF LEAVE CREDITS AS of: February 2021 <table><tr><td colspan="3">Number of Days</td></tr><tr><td>Vacation</td><td>Sick</td><td>Total</td></tr><tr><td>0</td><td>0</td><td>0</td></tr></table> HONEY SOFIA V. COLIS _____ Office of the Head of Recruitment Selection Placement and Personnel Records		Number of Days			Vacation	Sick	Total	0	0	0	7.b RECOMMENDATION: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved due to: BEATRIZ S. BELONIAS _____ Office of the Vice President for Academic Affairs	
Number of Days												
Vacation	Sick	Total										
0	0	0										
7.c APPROVED FOR: ____ day(s) with pay ____ day(s) without pay Others (Specify):		7.d DISAPPROVED due to:										
<div>EDGARDO E. TULIN</div> <div>(Printed Name and Signature) University President</div> <div>Date: _____</div>												
INSTRUCTION												
1. Application for vacation or sick leave of one fully day or more shall be made on this Form and to be accomplished 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 unauthorized leave of absence. 5. An applicant for leave of absence for thirty (30) calendar days or more shall be accompanied by a clearance from money and property accountabilities.												