

APPLICATION FOR LEAVE

1. OFFICE/DEPT./DIVISION	Name (Last)	(First)	(Middle)									
DVBS	Cabardo	Delfin	Escuadra									
3. DATE OF FILING	4. POSITION		5. SALARY (Monthly)									
05/04/2021	Instructor I											
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) : MIGRAINE										
6.c NUMBER OF WORKING DAYS APPLIED FOR  1 Inclusive Dates  05/03/2021 - 05/03/2021		6.d COMMUTATION  <input checked="" type="checkbox"/> Requested <input type="checkbox"/> Not Requested  CABARDO, DELFIN E. JR. _____ (Signature of Applicant)										
7. DETAILS OF ACTION ON APPLICATION												
7.a CERTIFICATION OF LEAVE CREDITS AS of: May 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 Director for Human Resource Management		Number of Days			Vacation	Sick	Total	0	0	0	7.b RECOMMENDATION:  <input type="checkbox"/> Approved  <input type="checkbox"/> Disapproved due to:  SANTIAGO T. PEÑA JR. _____ Department of Veterinary Basic Sciences	
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:										
EDGARDO E. TULIN _____ (Printed Name and Signature) University President  Date: _____												
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.												