



LEAVE APPLICATION FORM (LAF)

<p>NAME OF EMPLOYEE: <u>Margarita O. Adeva</u> (1)</p> <p>POSITION TITLE: <u>HR Manager</u></p> <p>UNIT/COMPANY ASSIGNMENT: <u>KCC</u></p> <p>EMPLOYMENT STATUS (V):</p> <p><input type="checkbox"/> Probationary <input type="checkbox"/> Project-based</p> <p><input checked="" type="checkbox"/> Regular <input type="checkbox"/> Contractual/Casual</p> <p>TYPE OF LEAVE</p> <p><input type="checkbox"/> Vacation Leave <input type="checkbox"/> SSS Sickness Leave</p> <p><input type="checkbox"/> Sick Leave <input type="checkbox"/> Solo Parent Leave</p> <p><input type="checkbox"/> Bereavement Leave <input checked="" type="checkbox"/> Magna Carta of Women</p> <p><input type="checkbox"/> Maternity Leave <input type="checkbox"/> VAWC Leave</p> <p><input type="checkbox"/> Paternity Leave <input type="checkbox"/> Terminal Leave</p> <p>DURATION: From <u>6/7/21</u> To <u>8/6/21</u></p> <p>LEAVE CHARGING: <input checked="" type="checkbox"/> With Pay <u>20 days</u> <input type="checkbox"/> Without Pay</p> <p>REASON/S: <u>Medical/health condition</u></p> <p>Requested by: <u>[Signature]</u> <u>6/3/21</u></p> <p style="text-align: center;">SIGNATURE OF EMPLOYEE DATE FILED</p>	<p style="text-align: right;">(2)</p> <p style="text-align: center;">CERTIFICATION OF LEAVE BALANCE</p> <p style="text-align: center;">As of _____</p> <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th rowspan="2">TYPE OF LEAVE</th><th colspan="2">AVAILABLE LEAVE</th><th colspan="2">LESS APPLIED LEAVE</th><th colspan="2">LEAVE BALANCE</th></tr><tr><th>Current</th><th>Carry-over</th><th>Current</th><th>Carry-Over</th><th>Current</th><th>Carry-Over</th></tr></thead><tbody><tr><td>Vacation</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>Sick</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr></tbody></table> <p>Certified by: _____</p> <p style="text-align: center;">PRINTED NAME/SIGNATURE OF HR STAFF DATE</p> <p style="text-align: right;">(3)</p> <p>RECOMMENDED/NOT RECOMMENDED:</p> <p>DATE: _____ [] With pay _____ days [] Without pay _____ days</p> <p>REMARKS: _____</p> <p>_____ PRINTED NAME/SIGNATURE OF RECOMMENDING OFFICER DATE</p> <p style="text-align: right;">(4)</p> <p>APPROVED/DISAPPROVED:</p> <p>DATE: _____ [] With pay _____ days [] Without pay _____ days</p> <p>REMARKS: _____</p> <p style="text-align: center;"><u>Rever. D. BAYANGOS</u></p> <p style="text-align: center;">PRINTED NAME/SIGNATURE OF APPROVING OFFICER DATE</p>	TYPE OF LEAVE	AVAILABLE LEAVE		LESS APPLIED LEAVE		LEAVE BALANCE		Current	Carry-over	Current	Carry-Over	Current	Carry-Over	Vacation	_____	_____	_____	_____	_____	_____	Sick	_____	_____	_____	_____	_____	_____
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Sick	_____	_____	_____	_____	_____	_____																						
<p style="text-align: right;">(5)</p> <p>RECEIVED BY:</p> <p>_____ PRINTED NAME/SIGNATURE OF HR STAFF DATE RECEIVED</p>																												

* To be accomplished in duplicate copies: original - HRD; duplicate - employee