EMPLOYEE LEAVE REQUEST FORM

Date: _____

Employee Information:

Name : _____

Department/ Section: _____

Address: _____

Telephone / Mobile No.: _____

I. Leave Request

☐ Vacation Leave ☐ Half Day ☐ Sick Leave

☐ Solo Parent Leave ☐ Maternity / Paternity Leave ☐ Others: _____

Date of Effectivity : _____ Total no. of day/s requested: _____

From: _____ To: _____

Reason: _____

_____

_____

_____

Pending works to be accomplished during your absence:

_____

_____

_____

_____

_____ _____

Signature over Printed Name SIgnature of personnel that will perform the task

_____

Noted by: Department Head

II. Administrative / Accounting Notification:

Accrued Balance	**EMERGENCY VACATION LEAVE (4 days)**	**PLANNED VACATION LEAVE (8 days)**	**SICK LEAVE (12 days)**	**SOLO PARENT LEAVE (7 days)**	**MATERNITY/ PATERNITY LEAVE**
Deduct this application					
Balance as of this date					

III. Approved / Disapproved: _____

With / Without Pay: _____

_____

Archimedes C. Orbeta
President

Note:

Vacation Leave - Submission of leave shall be at least 1 week before the preferred vacation leave date/s.

Emergency Leave - submitted 48 hours before the preferred vacation leave date/s shall be considered as emergency leave/s

Paternity Leave (Republic Act 8187) - 7-day paid paternity leave for married male employees for the first four deliveries of their lawful spouse

Solo Parent Leave (Republic Act No. 8972) -7-day parental leave with pay per year, which is not cumulative or convertible to cash .

Maternity Leave (Republic Act No. 11210) - An act increasing the maternity leave period to one hundred five (105) days for female workers option to extend for an additional thirty (30) days without pay