

I. EMPLOYEE DETAILS

Name		Date
Client Assigned		

II. TYPE OF LEAVE

- | | |
|--|--|
| <input type="checkbox"/> Sickness Leave | <input type="checkbox"/> Maternity/Paternity Leave |
| <input type="checkbox"/> Emergency Leave | <input type="checkbox"/> Service Incentive Leave |
| <input type="checkbox"/> Other (Specify) _____ | |

Reason for leave application
Address while on leave (required)

III. APPROVAL

Client Representative Date _____		Personnel Officer Date _____	
Agency Supervisor Date _____		General Manager Date _____	

I hereby promise and assure the management that I shall return to work immediately. I fully understand and agree that failure on my part to return to work within two (2) days after return date without justifiable cause or notice, is a clear indication that I am no longer interested in continuing my service and it is sufficient ground for my dismissal from employment with the company

Employee Signature over printed name