PHILIPPINE GENERAL HOSPITAL
University of the Philippines Manila
The Health Sciences Center
Taft Avenue, Manila
"PHIC Accredited Health Care Provider"

Date

_____
Mo / dd / year

The Chief

_____

_____

Sir/Madam :

    I have the honor to request permission to leave the hospital for _____ hour(s) and _____ minute(s) today from _____ to _____ .

    Reason : _____

Permission granted:

               Very truly yours,

_____
     Signature

               _____
               Name in print

               _____
               Signature

NOTE : *This application for partial leave shall be submitted to the Personnel Office upon approval.*