



## APPLICATION FOR U.P.-APPROVED LEAVE (RA 9500 Sec. 13(k))

1. OFFICE/DEPARTMENT 2. NAME : (Last) (First) (Middle)

3. DATE OF FILING 4. POSITION 5. SALARY

### 6. DETAILS OF APPLICATION

#### 6.A TYPE OF LEAVE (NON-CUMULATIVE) TO BE AVAILED OF

- ☐ Additional Special Leave (3 days)  
☐ Sickness Leave (5 days)  
☐ Hospitalization Leave of Immediate Family (2 days)  
☐ Nursing Leave for nursing mother (2 days)

Others: \_\_\_\_\_

#### 6.B DETAILS OF LEAVE

*In case of Special Leave:*

- ☐ Within the Philippines \_\_\_\_\_  
☐ Abroad (Specify, \_\_\_\_\_)

*In case of Sickness Leave:*

- ☐ In Hospital (Specify Illness) \_\_\_\_\_  
☐ Out Patient (Specify Illness) \_\_\_\_\_

6.C NUMBER OF WORKING DAYS APPLIED FOR \_\_\_\_\_

INCLUSIVE DATES \_\_\_\_\_

(Signature of Applicant)

### 7. DETAILS OF ACTION ON APPLICATION

#### 7.A CERTIFICATION OF LEAVE BALANCE (Non-Cumulative)

as of \_\_\_\_\_

Type	Total	Less : This Application	Balance

HRDO Chief

#### 7.B RECOMMENDATION

- ☐ For approval  
☐ For disapproval due to \_\_\_\_\_

Institute Director/Department/Division Chair/Unit Head

Dean

#### 7.C APPROVED FOR:

\_\_\_\_\_ days with pay  
\_\_\_\_\_ days without pay

#### 7.D DISAPPROVED DUE TO:

Authorized Official

Date : \_\_\_\_\_



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