LEAVE OF ABSENCE APPLICATION FORM

GLOBAL TRUSTEES' MULTI-PURPOSE COOPERATIVE

Name : _____

Position : _____

Leave Applied :

- ☐ Vacation Leave ☐ Sick Leave
- ☐ Emergency Leave ☐ Maternity/Paternity Leave
- ☐ Bereavement Leave

Date Filed : _____

Department / Outlet : _____

From : _____ **To** : _____

No. of Days : _____

Reason : _____

_____ Signature of Member **Note:** Please sign over printed name	**Approval** ☐ Authorized ☐ Unauthorized	**by :** _____ _____ **Supervisor/Manager** **Date**

LEAVE RECORD (To be filled-up by HRD)

SIL Available : _____   ☐ With Pay   **by :**

Total days applied : _____

Balance to date : _____   ☐ Without Pay

_____ _____
HR Assistant   **Date**