



**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**

<b>6.A TYPE OF LEAVE (NON-CUMULATIVE) TO BE AVAILED OF</b> Additional Special Leave (3 days) Sickness Leave (5 days) Hospitalization Leave of Immediate Family (2 days) Nursing Leave for nursing mother (2 days)  <i>Others:</i> _____	<b>6.B DETAILS OF LEAVE</b> <i>In case of Special Leave:</i> Within the Philippines _____ Abroad (Specify) _____  <i>In case of Sickness Leave:</i> In Hospital (Specify Illness) _____ Out Patient (Specify Illness) _____
<b>6.C NUMBER OF WORKING DAYS APPLIED FOR</b> _____ INCLUSIVE DATES _____	_____ (Signature of Applicant)

**7. DETAILS OF ACTION ON APPLICATION**

<b>7.A CERTIFICATION OF LEAVE BALANCE (Non-Cumulative)</b> as of _____  <table border="1" style="width:100%; text-align: center;"> <thead> <tr> <th>Type</th> <th>Total</th> <th>Less : This Application</th> <th>Balance</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>  _____ HRDO Chief	Type	Total	Less : This Application	Balance																	<b>7.B RECOMMENDATION</b> For approval _____  For disapproval due to _____  _____ Institute Director/Department/Division Chair/Unit Head  _____ Dean
Type	Total	Less : This Application	Balance																		

<b>7.C APPROVED FOR:</b> _____ days with pay _____ days without pay   <p align="center">Authorized Official          Date : _____</p>	<b>7.D DISAPPROVED DUE TO:</b> _____ _____
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