



POLYTECHNIC COLLEGE OF DAVAO DEL SUR, INC.
Mc Arthur Highway, Digos City
APPLICATION OF LEAVE

Name:

Designation:

Date filed:

Date Hired :

Status :

Leave applied for:

Vacation Paternity

Sick Others

Maternity

Dates of Leave :

Total No. Of Days:

W/Pay: W/out Pay:

Reason for filing:

Signature of Applicant

Recommended by:

Dean of /Admin Officer

Schedule of Substitution/Transfer of Subject: (if applicable)

Subject	Time	Day	Conforme	Signature

Entitlement :

No. of Days Aailed of :

No. of Days Leave Available :

No. of Days Applied for :

Remaining Leave :

CONDITIONS:

Medical certificate should be attached if absent is more than three days

Others:

Note: To be filed one week before intended day except emergency cases

Approved by:

BERNARDO D. TONGCOS JR.

OIC – HR OFFICER



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