

APPLICATION FOR HALF-DAY LEAVE

1. OFFICE/AGENCY	2. NAME (LAST) (FIRST) (MIDDLE)		
3. DATE OF FILING	4. POSITION	5. SALARY (MONTHLY)	

NUMBER OF WORKING DAYS APPLIED FOR : INCLUSIVE DATE/S: 	 Signature of Applicant College / Office :
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CERTIFICATION OF LEAVE CREDITS as of VACATION : SICK : TOTAL : : : DAYS : DAYS : DAYS Personnel Officer	RECOMMENDATION () Approval () Disapproval due to Authorized Signature
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APPROVED FOR : day/s with pay day/s without pay	DISAPPROVED DUE TO :
Signature	
Authorized Official	

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