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 :**

CERTIFICATION OF LEAVE CREDITS as of _____ **VACATION : SICK : TOTAL** _____ : _____ : _____ **DAYS : DAYS : DAYS** _____ **Personnel Officer**	**RECOMMENDATION** **( ) Approval** **( ) Disapproval due to** _____ _____ _____ **Authorized Signature**

APPROVED FOR :
_____ day/s with pay
_____ day/s without pay

DISAPPROVED DUE TO :
_____
_____

_____
Signature

_____
Authorized Official

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_____ day/s with pay
_____ day/s without pay

DISAPPROVED DUE TO :
_____
_____

_____
Signature

_____
Authorized Official