

UNIVERSITY OF BATANGAS
Batangas City 4200, Philippines

APPLICATION FOR LEAVE OF ABSENCE

Office/Dept : _____ Name: _____
Position: _____ Date of Filing: _____

Type of Leave

- | | |
|---|--|
| <input type="checkbox"/> Vacation Leave

<input type="checkbox"/> Incentive Leave | <input type="checkbox"/> Emergency

<input type="checkbox"/> Others (Specify) _____
_____ |
|---|--|

Numbers of days Applied for: _____
Inclusive Dates : _____

Signature of Applicant

Details of Action of Application

Certificate of Leave Credits as of _____

AY _____ Days _____	AY _____ Days _____	Total Balance

- Recommendation
- Approval
- Disapproval due to _____

Dean/Principal/Chief of Office

Approved for:
 _____ days with pay
 _____ days without pay

Disapproved due to:

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