

UNIVERSITY OF BATANGAS  
Batangas City, Philippines

APPLICATION FOR SICKNESS BENEFIT

Office /Dept : \_\_\_\_\_ Name: \_\_\_\_\_  
Position: \_\_\_\_\_ Date of Filing: \_\_\_\_\_

Part I - Notification (To be accomplished at the start of the unexpected absence due to sickness or within 2 working days. Sick leave application of three days would require \_\_\_\_\_ medical certificate while those with four days or more shall be filed with SSS)

Number of Day/s Applied: \_\_\_\_\_ Management of illness: (pls check)  
Inclusive Date/s: \_\_\_\_\_ ambulatory \_\_\_\_\_ confined at home \_\_\_\_\_  
hospitalized \_\_\_\_\_

Complaints : \_\_\_\_\_  
Diagnosis : \_\_\_\_\_  
Treatment : \_\_\_\_\_

I certify to the correctness of the above notification.

\_\_\_\_\_  
Signature of Employee/Faculty Member

\* Sickness Notification was received by us thru:

\_\_\_\_ Phone, recv'd by: \_\_\_\_\_ Handcarried by: \_\_\_\_\_  
Date: \_\_\_\_\_ Date: \_\_\_\_\_

Approved: \_\_\_\_\_  
Dean/Director/Principal/Chief of Office

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Name \_\_\_\_\_

Part II - Benefit Computation

Sick Leave Credit as of \_\_\_\_\_

Employee/HS./Elementary Faculty  
Monthly Rate:

AY _____	Applied	Total
Days _____	Sick leave	Balance
_____		
_____		

Daily Rate : \_\_\_\_\_

Applied days w/pay: \_\_\_\_\_

Amount due: \_\_\_\_\_

College Faculty Member

Hourly Rate: \_\_\_\_\_

Applied hrs. w/pay : \_\_\_\_\_

Amount due: \_\_\_\_\_

Total Amount Due: \_\_\_\_\_

Voucher No.: \_\_\_\_\_

Check No. : \_\_\_\_\_

Date Issued: \_\_\_\_\_

Prepared By:

Certified Correct:

Approved By:

\_\_\_\_\_  
Payroll Clerk

\_\_\_\_\_  
Budget Management Officer

\_\_\_\_\_  
Treasurer

Name \_\_\_\_\_

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