



*Human Resource Management Office*

# APPLICATION FOR ABSENCE FORM B

Name			Date of Application			
Department			Designation			
Employment Status	<input type="checkbox"/> COS <input type="checkbox"/> Fixed Term/Project Based <input type="checkbox"/> Others _____					
<b>DETAILS OF APPLICATION</b>						
Reason	<input type="checkbox"/> Vacation		<input type="checkbox"/> Within the Philippines		<input type="checkbox"/> Abroad (pls. specify) _____	
	<input type="checkbox"/> Sick		<input type="checkbox"/> In hospital (pls. specify) _____		<input type="checkbox"/> Out-patient _____	
	<input type="checkbox"/> Emergency		Pls. specify: _____			
	<input type="checkbox"/> Maternity/Paternity Leave					
	<input type="checkbox"/> Others (pls. specify) _____					
Number of Working Days Applied for		Inclusive Date/s	From: _____	To: _____		
_____ Signature of Applicant						
<b>DETAILS OF ACTION ON APPLICATION</b>						
<b>Recommending Approval</b>						
_____	Approved		_____	Disapproved due to _____		
_____ Immediate Head			_____ Chief Administrative Officer			
<b>APPROVAL OF APPLICATION</b>						
<p><b><u>WILSON C. NABUA, Ed. D.</u></b>          VP for Administration and General Services</p>						

*Note: Please accomplish 3 copies for Personal, HR and Accounting reference.*