



Human Resource Management Office

APPLICATION FOR ABSENCE FORM A

Name			Date of Application			
Department			Designation			
Employment Status	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time					
DETAILS OF APPLICATION						
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						
DETAILS OF ACTION ON APPLICATION						
Recommending Approval						
_____	Approved	_____	Disapproved due to _____			
_____ Dean			_____ Assistant VP			
APPROVAL OF APPLICATION						
<p>MARILOU M. ABATAYO, Ph. D. VP for Academic Affairs and Student Services</p>						

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