

 SRPEC	<u>LEAVE APPLICATION</u>	Document No. HR004
		Revision No. 00
		Page 1 of 3

DATE: _____

EMPLOYEE CODE: _____

NAME _____ **DESIGNATION** _____

DATE(S) FROM: _____ **TO** _____ (**_____ DAYS**)

NATURE OF LEAVE: CASUAL LEAVE / DUTY LEAVE /EXCHANGE LEAVE /LWP

TOTAL NO. OF CL / RH / SCL ENJOYED DURING THE CALENDAR YEAR SO FAR _____ DAYS

REASON FOR TAKING LEAVE _____

CONTACT ADDRESS & PHONE DURING THE LEAVE _____

I AGREE TO TAKE THE RESPONSIBILITIES ON BEHALF OF _____

SIGNATURE OF APPLICANT

RECOMMENDED: YES / NO

SIGNATURE OF THE SUBSTITUTE

SIGNATURE OF SECTION HEAD

PRINCIPAL

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Date/Day of duty assigned	Work assigned	Duty assigned / Sanctioned by	Venue (In-Campus/ Out of Campus)

Date	Day	Subject		Division (Branch)	Period No.	Venue	Name & Sign of the Substitute Faculty	Will be taken by on the Date	Sign of Faculty
		Lecture	Lab						

(Sign of the Teacher)



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