



Name of Personnel:

(Surname)

(First Name)

(Middle Name)

TYPE OF LEAVE AVAILABLE:

Maternity Leave

Sick Leave

PERIOD COVERED:

FROM:

TO:

As per the medical certificate issued by my physician, I was examined and declared fit to work on _____.

Signature

Recommending Approval:

Immediate Supervisor

Debbie Ann Fatima N. Barrera, MPA
Supervising Administrative Officer

Cluster Vice President

Approved:

Enrique G. Baking, Ed. D.
SUC President III

Note:

- A letter from a licensed physician certifying that the requesting personnel is fit to report for work must be attached to this form.
- This form must be submitted immediately to the HRD after it has been approved by the University President.