AUTOHUB GROUP

LEAVE APPLICATION FORM (LAF)

(1)

NAME OF EMPLOYEE : CHARLIE P. BELDES
POSITION TITLE : F&I Coordinator
UNIT/COMPANY ASSIGNMENT : F&I - GEN. MAL
EMPLOYMENT STATUS (√) :

[ ] Probationary [ ] Project-based
[ ] Regular [ ] Contractual/Casual

TYPE OF LEAVE

[ ] Vacation Leave [ ] SSS Sickness Leave
[✓] Sick Leave [ ] Solo Parent Leave
[ ] Bereavement Leave [ ] Magna Carta of Women
[ ] Maternity Leave [ ] VAWC Leave
[ ] Paternity Leave [ ] Terminal Leave

DURATION : From 2/24/26 - 8:30AM To 2/25/26 - 12:00
LEAVE CHARGING : [ ] With Pay _____ [✓] Without Pay _____
REASON/S : not feeling well

Requested by :

Charlie P. Beldes — SIGNATURE OF EMPLOYEE
Feb 25 - 2026 — DATE FILED

(2)

CERTIFICATION OF LEAVE BALANCE
As of _____

TYPE OF LEAVE	AVAILABLE LEAVE Current	AVAILABLE LEAVE Carry-over	LESS APPLIED LEAVE Current	LESS APPLIED LEAVE Carry-Over	LEAVE BALANCE Current	LEAVE BALANCE Carry-Over
Vacation						
Sick						

Certified by : _____ PRINTED NAME/SIGNATURE OF HR STAFF — _____ DATE

(3)

RECOMMENDED/NOT RECOMMENDED :

DATE : _____ [ ] With pay _____ days [ ] Without pay _____ days
REMARKS : _____

_____ PRINTED NAME/SIGNATURE OF RECOMMENDING OFFICER — _____ DATE

(4)

APPROVED/DISAPPROVED :

DATE : _____ [ ] With pay _____ days [ ] Without pay _____ days
REMARKS : _____

S/ [illegible] PRINTED NAME/SIGNATURE OF APPROVING OFFICER — 2/25/26 DATE

(5)

RECEIVED BY :

_____ PRINTED NAME/SIGNATURE OF HR STAFF — 02-25-26 DATE RECEIVED

** To be accomplished in duplicate copies : original - HRD ; duplicate - employee*