



LEAVE APPLICATION FORM (LAF)

(1)

NAME OF EMPLOYEE: Rosalie Darilag

POSITION TITLE: F-1

UNIT/COMPANY ASSIGNMENT: GEM - MVAL

EMPLOYMENT STATUS (M):
 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 3/12/26 To 3/12/26

LEAVE CHARGING: With Pay Without Pay

REASON/S: Personal Matter

Requested by: [Signature] 3/11/26

SIGNATURE OF EMPLOYEE DATE FILED

(2)

CERTIFICATION OF LEAVE BALANCE
 As of _____

TYPE OF LEAVE	AVAILABLE LEAVE		LESS APPLIED LEAVE		LEAVE BALANCE	
	Current	Carry-over	Current	Carry-Over	Current	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: _____

[Signature] 3/11/26

PRINTED NAME/SIGNATURE OF RECOMMENDING OFFICER DATE

(4)

APPROVED/DISAPPROVED:

DATE: _____ With pay _____ days Without pay _____ days

REMARKS: _____

 PRINTED NAME/SIGNATURE OF APPROVING OFFICER DATE

(5)

RECEIVED BY:

 PRINTED NAME/SIGNATURE OF HR STAFF DATE RECEIVED

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