					Document No.	HR004
	SRPEC	LEAVE		Revision No.	00	
RRES					Page	1 of 3
					DATE:	
						DE:
DATE(S) FRON	vi:	то	_(_DAYS)		
NATURE OF LEA	AVE: CASUAL LEAV	/E / DUTY LEAVE /EXCHANGE LE/	AVE /LWP			
TOTAL NO. OF (CL / RH / SCL ENJO	YED DURING THE CALENDAR YE	AR SO FAR	DAYS		
REASON FOR TA	AKING LEAVE					
CONTACT ADDRE	ESS & PHONE DUR	ING THE LEAVE				
I AGREE TO TAKI	E THE RESPONSIBI	LITIES ON BEHALF OF				
GNATURE OF APP	PLICANT	RECOMMENDED: Y	'ES / NO		SIGNATURE OF TH	E SUBSTITUTE
NATURE OF SECT	TION HEAD				PRINCIPAL	
					Document No.	HR004
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					DATE:	
NAME				DESIGNATION	EMPLOYEE CO	
		то			EMPLOYEE CO	
DATE(S) FROM	M:	ТО	_(
DATE(S) FROM	M:		_(
DATE(S) FROM NATURE OF LEA TOTAL NO. OF C	M: AVE: CASUAL LEAV CL / RH / SCL ENJO	YE / DUTY LEAVE /EXCHANGE LEAVE /EXCHANGE LEAVE /EXCHANGE LEAVE /EXCHANGE LEAVE /EXCHANGE LEAVE /EXCHANGE LEAVE	(AVE /LWP AR SO FAR	_ DAYS) DAYS		
DATE(S) FROM NATURE OF LEA TOTAL NO. OF C	M: AVE: CASUAL LEAV CL / RH / SCL ENJO	TO	(AVE /LWP AR SO FAR	_ DAYS) DAYS		
DATE(S) FROM NATURE OF LEA TOTAL NO. OF C REASON FOR TA	M: AVE: CASUAL LEAV CL / RH / SCL ENJO AKING LEAVE	YE / DUTY LEAVE /EXCHANGE LEAVE /EXCHANGE LEAVE /EXCHANGE LEAVE /EXCHANGE LEAVE /EXCHANGE LEAVE /EXCHANGE LEAVE	(AVE /LWP	_ DAYS) DAYS		
DATE(S) FROM NATURE OF LEA TOTAL NO. OF C REASON FOR TA CONTACT ADDRE	M: AVE: CASUAL LEAV CL / RH / SCL ENJO AKING LEAVE ESS & PHONE DUR	YE / DUTY LEAVE /EXCHANGE LEA	_ (AVE /LWP AR SO FAR	_ DAYS)		
DATE(S) FROM	M: AVE: CASUAL LEAV CL / RH / SCL ENJO AKING LEAVE ESS & PHONE DUR E THE RESPONSIBI	TOYE / DUTY LEAVE /EXCHANGE LEAVE /EXCHANGE LEAVE	_ (AVE /LWP AR SO FAR	_ DAYS)		
DATE(S) FROM NATURE OF LEA TOTAL NO. OF C REASON FOR TA CONTACT ADDRE	M: AVE: CASUAL LEAV CL / RH / SCL ENJO AKING LEAVE ESS & PHONE DUR E THE RESPONSIBI	TOYE / DUTY LEAVE /EXCHANGE LEAVE /EXCHANGE LEAVE	_ (_ DAYS)		



SRPEC

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

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

(Sign of the Teacher)

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

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

(Sign of the Teacher)



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