



# MABALACAT CITY COLLEGE

## EMPLOYEE REQUEST FORM

Name of Employee \_\_\_\_\_ Date \_\_\_\_\_  
Position \_\_\_\_\_ Sex  Female  Male

### Details of Request

Please check

- Certificate of Employment (COE)  Service Record
- Leave Balance Certification
- Payslip (Indicate cut-off/month) \_\_\_\_\_
- Others (please specify) \_\_\_\_\_

Purpose: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature Over Printed Name of Employee

### Recommendation

- Approved
- Disapproved \_\_\_\_\_

HAPPY S. PELAYO  
Vice President for Administration

Processed by: \_\_\_\_\_ Date \_\_\_\_\_  
Name & Signature

Submitted to  
CHRMO:

Received by: \_\_\_\_\_ Date \_\_\_\_\_  
Name & Signature

Start Here,  
Be Successful *Anywhere!*

mcc.edu.ph | Info@mcc.edu.ph  
(045) 049 8720

MC-HR Form No. 17



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