



MABALACAT CITY COLLEGE
Dolores, Mabalacat City, Pampanga



LEAVE APPLICATION FOR COS AND JOB ORDER

Name : _____

Date: _____

Position : _____

REQUEST FOR LEAVE APPROVAL

Nature of Absences:

_____ Sick Leave

_____ Maternity/Paternity Leave

_____ Others _____

Duration of Leave:

No. of days _____

Period covered _____ to _____

(Signature over printed name)

Approved:

Name and Signature of Immediate Supervisor