

APPLICATION FOR LEAVE FORM

32-10223
EE ID NO.

Morris Ledesma
NAME OF EMPLOYEE

Line Checker
POSITION

QA
DIV. / DEPT. / SECTION

I hereby apply for 1 day/s leave on 11 JANUARY 2024 (THURSDAY) chargeable to:

(Please Check Type of Leave/s)

- Vacation Leave
- Sick Leave
- Emergency Leave
- Bereavement Leave
- Maternity Leave
- Paternity / Parental Leave
- In Lieu: Rest day
- In Lieu: Cash Conversion
- Union Leave
- Time Off w/ Pay
- Leave without pay
- other leave: _____

ACTION ON APPLICATION

Approved for: _____ day/s with pay
 _____ day/s without pay

Disapproved due to: _____

Remarks : (Supporting Document/s should be submitted, Accomplish this form in two copies)

_____ Back pain _____

Approved by :



Signature of Employee

Supervisor / Manager

PAYROLL USE - LEAVE UTILIZATION

Leave Credits	Vacation	Sick	Emergency
Beginning Balance			
Used per this request			
Balance After Utilization			

Verified by :

HR - Time Admin



DELFI FOODS, INC.

SICKNESS AND FIT TO WORK NOTIFICATION

DATE: Jan 12, 2024

Please be advised that Mr./Ms. MORRIS LEDESMA was seen and examined by the undersigned due to BACK PAIN

Treatment Given: _____

EMPLOYEE'S DISPOSITION:

Returned to work: Jan 12, 2024

Sent home/hospital: _____

Co. Sick leave: From Jan 11, 2024 To _____

SSS leave: From _____ To _____

ECC leave: From _____ To _____

Maternity leave: From _____ To _____

Employee is/will be fit to work on Jan 12, 2024

CARLA MARIE VICENTINO, RN
LIC. NO. 0882743

Co. Nurse



Co. Physician