



Name: _____
Office/Division: _____
Year: _____
Quarter: ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th

MONTHS			
VL Dates			
SPL Dates (if any)			
Total No. of Days			
Overall Total No. of Days:			

If SPL, please specify: _____

Noted by:

<i>Name & Signature</i>		
<i>Position</i>	Immediate Head	Division/Office Head

To be filled up by HRMD:

Leave Credits as of: _____

Vacation Leave		Special Leave	
----------------	--	---------------	--

Noted and verified by: **RIO HILLARY P. DALMAN**
OIC-Director, HRMD

Approved by (for MANCOM members only):

JESTONI P. BABIA, LPT, EdD
City College President



Name: _____
Office/Division: _____
Year: _____
Quarter: ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th

MONTHS			
VL Dates			
SPL Dates (if any)			
Total No. of Days			
Overall Total No. of Days:			

If SPL, please specify: _____

Noted by:

<i>Name & Signature</i>		
<i>Position</i>	Immediate Head	Division/Office Head

To be filled up by HRMD:

Leave Credits as of: _____

Vacation Leave		Special Leave	
----------------	--	---------------	--

Noted and verified by: **RIO HILLARY P. DALMAN**
OIC-Director, HRMD

Approved by (for MANCOM members only):

JESTONI P. BABIA, LPT, EdD
City College President



Name: _____
Office/Division: _____
Year: _____
Quarter: ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th

MONTHS			
VL Dates			
SPL Dates (if any)			
Total No. of Days			
Overall Total No. of Days:			

If SPL, please specify: _____

Noted by:

<i>Name & Signature</i>		
<i>Position</i>	Immediate Head	Division/Office Head

To be filled up by HRMD:

Leave Credits as of: _____

Vacation Leave		Special Leave	
----------------	--	---------------	--

Noted and verified by: **RIO HILLARY P. DALMAN**
OIC-Director, HRMD

Approved by (for MANCOM members only):

JESTONI P. BABIA, LPT, EdD
City College President



Name: _____
Office/Division: _____
Year: _____
Quarter: ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th

MONTHS			
VL Dates			
SPL Dates (if any)			
Total No. of Days			
Overall Total No. of Days:			

If SPL, please specify: _____

Noted by:

<i>Name & Signature</i>		
<i>Position</i>	Immediate Head	Division/Office Head

To be filled up by HRMD:

Leave Credits as of: _____

Vacation Leave		Special Leave	
----------------	--	---------------	--

Noted and verified by: **RIO HILLARY P. DALMAN**
OIC-Director, HRMD

Approved by (for MANCOM members only):

JESTONI P. BABIA, LPT, EdD
City College President

