



Post-Leave Application

| | | | |
|------------------------|--|--------------------|--|
| Employee's Name | | Designation | |
| Department | | Signature | |

| SECTION 2 – Leave details | |
|----------------------------------|--|
| Date Leave Started: | |
| Date Leave Ended: | |
| Date Resumed Duties: | |
| No. of Leave Days: | |
| No. of Overdue Days | |
| Reason of Delay: | |

| SECTION 4 – Approval of Management | | | |
|---|-------|--------|-------|
| Direct Supervisor: | Date: | APAFA: | Date: |

| FOR HR DEPARTMENT USE ONLY | | | |
|-----------------------------------|-------|-------------|-------|
| Processed by: | Date: | Checked by: | Date: |

cc: Personal File
HR Dept.