



Archdiocese of Agana

196 Cuesta San Ramon, Ste. B, ■ Hagåtña, GU 96910

Tel: (671) 472-6116

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LEAVE APPLICATION FORM

NAME:		DATE:	
POSITION:		EMPLOYEE NO.:	
DEPARTMENT:		DIVISION:	
CONTACT NO. / INFO. DURING ABSENCE:			

Type of Leave: (Please put check (/) as applicable)

<input type="checkbox"/> Vacation	<input type="checkbox"/> Sick	<input type="checkbox"/> Maternity/Paternity	<input type="checkbox"/> Bereavement
<input type="checkbox"/> Personal	<input type="checkbox"/> Jury	<input type="checkbox"/> Military	<input type="checkbox"/> Retreat
<input type="checkbox"/> Family Medical Leave	<input type="checkbox"/> Professional Development		
<input type="checkbox"/> Other (Specify) _____			

Date of Leave

Date(s) Requested:		No. of Days	No. of Hours
From	<input type="text"/>	To	<input type="text"/>
Alternative Date(s) Acceptable:			
From	<input type="text"/>	To	<input type="text"/>

Reason (For Leave of Absence)

Leave Pay Off Calculation (In hours)

	No. of Hours Available	No. of Hours Taken	No. of Hours Leave Balance	With Pay	Without Pay	REMARKS
Vacation						
Sick						
Others						

Applicant's Signature	Requested Date
Approved By	Approval Date

HR / Accounting Use Only

Received By:	Date Received:
Posted by:	Date Posted: