



Authorized Absence

Note that, this Authorization is authentic and valid only if Approved by the District Executive Secretary or Director of Administration & HR, you are asked to submit an approved copy to HR's Office for filing:

Employee Name -----Date-----

Position ----- Unit-----

Reason for Absence:

Incidental leave (kind of Incidental Leave) -----
Eligible number of days

Day off Reason -----
From /date/.....2021 to/date/.....2021
Number of Hours/ morning hours Afternoon hours

Employee Signature-----date:-----

For Official Use Only

Approved
Not Approved

Comment:.....

Supervisor's Signature: ----- date-----

Approved
Not Approved

E.S's Comment:-----

E.S's Signature..... Date -----