



KING MULTIPURPOSE COOPERATIVE

King MPC Bldg., 4 Palma Gil St., Davao City
Tel. nos. (082) 227-1127, 226- 4636; Telefax 221-0462, 227-1128

LEAVE APPLICATION FORM

Date: _____

TO: _____

I hereby apply for

Sick Leave

Vacation Leave

Maternity Leave

Paternity Leave

Others: _____

for _____ (day /s) (_____ date _____), for the following reason /s:

Branch / Department

Address while on leave:

Contact No. _____

LEAVE	ENTITLED	TAKEN	BALANCE
Vacation			
Sick			
TOTAL			

Remarks:

Recommending Approval:

Approved by:

Immediate Superior

Branch Manager / General Manager

Received by:

Payroll-In Charge

"Making Lives Better"