ATENEO DE MANILA UNIVERSITY

Application for Leave of Absence

Name: _________________________________________  Department: ___________________

School: _________________________________________ Rank: ________________________

Length of Time for which Leave is Requested

__________________________________________

Date of Effectivity

__________________________________________

REASONS FOR REQUESTING LEAVE:

I. Illness / Maternity:

Reasons_________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Note: Please attach doctor’s medical report.
In case of maternity leave, attach doctor’s certification as to approximate date of delivery.

II. For Studies

Indicate place or places to which you are applying and whether you have already been accepted ____________________________________________________________________________

________________________________________________________________________

III. Grant or Fellowship

Type of Grant ____________________________________________________________________________

If you do not receive the grant or fellowship requested, do you still intend to take a leave of absence? ______ When?___________________ How long?________________________

IV. Others

________________________________________________________________________

________________________________________________________________________

To your knowledge, are any other members of your department planning leaves next year? _____

Signature____________________________________

Date____________________________________
Application for Leave of Absence

REPORT OF
CHAIRMAN____

Applicant________________________________________    Date______________________

1. Can the applicant be spared for the period requested?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

2. All things considered, would it be more advantageous to postpone this request to a later date?

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________________________________________________________________________

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________________________________________________________________________

3. Will a replacement have to be obtained if the request is granted as submitted? If not, how do you plan to provide for his instructional duties?

________________________________________________________________________

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________________________________________________________________________

4. If so, at approximately what cost?

________________________________________________________________________

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________________________________________________________________________

5. Are there any additional reasons that you wish to advance why the leave should or should not be granted to the applicant?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

APPROVED:

___________________________

President

Note: This form should be forwarded to the Department Chair
6. Please add any additional comments you think appropriate. If necessary, please use a separate sheet for these comments.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Signature____________________________________________
Date____________________________________________

Application for Leave of Absence

REPORT OF
DEAN____________________________________________________

Name

Applicant__________________________________ Date__________________________

1. Do you agree with the Chairman’s estimate concerning: (1) the need for a replacement should the leave of absence be granted, and (2) the feasibility of sparing the applicant for the time requested?

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3. Are there any additional reasons you wish to advance why the leave should or should not be granted to the applicant?

________________________________________________________________________
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________________________________________________________________________

4. Please add any additional comments you think appropriate. If necessary, please use a separate sheet for these comments.

________________________________________________________________________
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________________________________________________________________________

Note: Please forward to the Dean.
Signature_________________________
Date______________________________

N.B.: Please forward to the President’s Office.