

University of the Philippines, Los Baños
Ad Hoc Committee on Special Monetization of Leave Credits
Application, Evaluation and Approval Sheet

(To be filled-up by the applicant)

Name of Employee: _____
Position/Unit: _____
Date Application was received: _____ No. of days requested _____

Reason for Application: _____

If the monetization application is for dependent:

Name of dependent: _____ Date of Birth: _____ Age: _____

Relationship with applicant: _____

Signature over printed name of applicant

(To be filled-up by HRDO)

Leave Credits as of: _____

Vacation Leave	Sick Leave	Total

Action of the Special Monetization of Leave Credits Committee

Evaluation

☐ Life-Threatening, Self

☐ Life-Threatening, Dependent

☐ Medical Condition, Self

☐ Medical Condition, Dependent

☐ Others, specify _____

☐ Approved

☐ Disapproved

due to: _____

No. of Days: _____

MARILYN P. REAÑO
Director, UHS

ETHEL T. CABRAL
CAO, Budget Management Office

NELSON JOSE VINCENT B. QUERIJERO
Committee Chairman

Recommending Approval/Disapproval:

APPROVED/DISAPPROVED:

DR. CRISANTO A. DORADO
Vice Chancellor for Administration

DR. FERNANDO C. SANCHEZ, JR.
Chancellor

Date: _____

Date: _____

Revised: Special Monetization of Leave Credits form. Marh 10, 2017