



RETURN FROM LEAVE FORM

Employee Name: Ms./Mr./Dr.
Department:
College/Center:
Employment No.: GSM No.: Ext:

Date of leave:
Date leave expires:
Resumption of duties:
Type of leave: Total Number of days:
Delay: ☐ Yes ☐ No
If Yes: Number of delayed days:
Please State The Reason:

Signature:
Date:

Signature of Department Head:
Date:
Signature of Dean / Director:
Date:

Stamp:

For Human Resource Used Only:

Signature of Human Resource Director:
Date:

Please Note:

Please attach a photocopy of the particular page of the passport that showing your latest departure and arrival date copy of approved leave (**Annual, on official trip, has left on scholarship or any other kind of vacation**).