



HUMAN RESOURCE MANAGEMENT OFFICE

**CLEARANCE APPLICATION**  
For Faculty and Staff

Date Filed \_\_\_\_\_

Name \_\_\_\_\_ Department \_\_\_\_\_  
(Family Name) (First Name) (Middle Name)

Academic Rank/Position \_\_\_\_\_ Date of Employment \_\_\_\_\_ Tel. No. \_\_\_\_\_

Permanent Address \_\_\_\_\_

<i>Request of Employee</i>	<i>Endorsement</i>
<input type="checkbox"/> Vacation Leave (15 days & above) <input type="checkbox"/> Sick Leave (15 days & above) *Attach medical certificate from attending physician. <input type="checkbox"/> Maternity Leave <input type="checkbox"/> Leave of absence without pay *Attach letter of approval. <input type="checkbox"/> Resignation *Attach resignation letter. <input type="checkbox"/> Retirement <input type="checkbox"/> Expiration of contract Duration of Leave From: _____ To: _____ Effectivity of Separation: _____  <b>Signature of Faculty/Staff</b> _____	<p><i>For Staff:</i></p> <p>_____</p> <p><b>Printed Name &amp; Signature of Immediate Head</b></p> <p><i>For Faculty:</i></p> <p>_____</p> <p><b>Printed Name &amp; Signature of Immediate Head/Chair</b></p> <p>_____</p> <p><b>Printed Name &amp; Signature of Dean</b></p>

**Clearance Form**

Department	Signature	Accountability	Date
Aklatang Emilio Aguinaldo (AEA)			
DLSHSI Credit & Collection			
DLSU Credit Union ( <i>for members only</i> )			
DLSU-D Dev't. Cooperative ( <i>for members only</i> )			
Information Technology Center (ITC)			
Office of the Registrar			
Property Office			
Warehouse Office			
Laboratory ( <i>for laboratory faculty only</i> )			
Faculty Association ( <i>for faculty only</i> )			
UFRO ( <i>for faculty only</i> )			
Buildings and Grounds ( <i>for staff only</i> )			
KABALIKAT ng DLSUD ( <i>for staff only</i> )			
Accounting Office			

Note: For Contractual Staff - secure clearance from AEA, Property Office, Warehouse Office, Accounting Office and HRMO only.

**To be filled by Human Resource Management Office**

No. of days allowed to go on leave:	Separation due to:	Please submit the following:
_____ with pay	_____	_____ Release and Quitclaim
_____ without pay	_____	_____ Identification Card
		_____ Health Card

**DR. VENICRIS M. ALONSOZANA**  
Director, HRMO

Date \_\_\_\_\_

**Approval:**

\_\_\_\_\_  
Vice Chancellor for Academics & Research  
(For ATF/ASF/Administrators)

Date \_\_\_\_\_

**DR. EPIFANIA D. ANFONE**

Vice Chancellor for Finance & Administrative Services  
(For Staff/Administrators)

Date \_\_\_\_\_