**

Republic of the Philippines

Province of Camarines Norte

**MUNICIPALITY OF VINZONS**

*hrmo\_lguvinzons09202016@yahoo.com*

*054-2125079*

**HUMAN RESOURCE MANAGEMENT OFFICE**

**CANCELLATION OF LEAVE OF ABSENCES**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date

**MYLENE V. BISMONTE, LPT**

Administrative Officer V

Human Resource Management Office

Local Government Unit of Vinzons

Vinzons, Camarines Norte

Sir/Madam:

 May I request that my leave of absences scheduled on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ be cancelled due to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 Respectfully yours,

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Name and Signature*

Noted By: Recommending approval:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **MYLENE V. BISMONTE, LPT** *Department Head*

Administrative Officer V/HRMO III

*Certification as to recording in leave ledger:*

 JOSEFA B. GUINTO

 *Administrative Aide IV*

Approved By:

 **ELEANOR F. SEGUNDO, MD.**

 Municipal Mayor