



UNIVERSITY OF THE PHILIPPINES MANILA

The Health Sciences Center

NOTIFICATION ON AVAILMENT OF WELLNESS LEAVE (FACULTY)

Name : \_\_\_\_\_ Date of Filing : \_\_\_\_\_
Position : \_\_\_\_\_ College/Institute : \_\_\_\_\_
Date of WL : \_\_\_\_\_
(period)

Schedule of Classes

Table with 4 columns: Seq. No., Subject, Date, Time. Multiple empty rows for class scheduling.

Endorsed by: \_\_\_\_\_ Conforme: \_\_\_\_\_
Department Chair/Immediate Supervisor Designated Faculty
Approved by: \_\_\_\_\_
Dean



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