



NURSING SERVICE CLEARANCE FORM

(For Leave of Three (3) Days and Above)

NAME OF EMPLOYEE:	
DATE OF APPLICATION:	
TYPE OF LEAVE:	
INCLUSIVE DATES:	
AREA OF ASSIGNMENT:	

STATION	AREA SUPERVISOR	SIGNATURE
STATION A	ALYSSA A. SUFICIENCIA, RN / BEDARIA A. BUTITO, RN	_____
STATION B	MEL F. ENCALLADO, RN / JOHANNA Y. DONDE, RN	_____
STATION C	DANCEN P. MANTE, RN	_____
STATION E	HANNILORE V. LEGASPI, RN / WAYNE MAE E. SORIANO, RN	_____
ISOLATION WARD	DAVE ALLEN E. ELAGO, RN	_____
TRANSITORY WARD	JONNAS W. SALVADOR, RN / RALP JOSEPH ARCO, RN	_____
DELIVERY ROOM	ROZENE S. VALE, RN / RHEA L. ESCOL, RN, MN	_____
INTENSIVE CARE UNIT	JONNAH E. DINGAL, RN	_____
NEONATAL INTENSIVE CARE UNIT	JUDITH S. BELLO, RN	_____
NURSING SERVICE OFFICE	JESSICA R. OLIVEROS, RN LOVELY APPLE LABADAN, RN FAHD REUBEN M. TOLINGIN, RN	_____ _____ _____
ASSISTANT CHIEF NURSE	ANDREA S. TANUDRA, RN MA. CZARINA P. BUCOY, RN	_____ _____

I certify that all my assigned responsibilities, including charting and endorsements, have been completed prior to my leave.

 NAME AND SIGNATURE OF EMPLOYEE

NOTED BY: _____
 AREA SUPERVISOR

APPROVED BY: _____
 CHIEF NURSE

