

# LEAVE OF ABSENCE REQUEST FORM

Employee Name: \_\_\_\_\_

Employee ID: \_\_\_\_\_

Department: \_\_\_\_\_

Job Title: \_\_\_\_\_

## Leave Details:

Type of Leave (select one):

Medical Leave

Personal Leave

Family and Medical Leave Act (FMLA)

Bereavement Leave

Military Leave

Other (specify): \_\_\_\_\_

Leave Start Date: \_\_\_\_\_

Leave End Date: \_\_\_\_\_

Reason for Leave (brief description):

## Employee Acknowledgment:

I certify that the information provided in this Leave of Absence Request Form is accurate and complete to the best of my knowledge. I understand that approval of this leave is subject to company policies and applicable laws. I agree to notify my supervisor promptly of any changes to the dates or reasons for my leave.

## Supervisor Review and Approval:

Approved:  Yes  No \_\_\_\_\_

Comments: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## HR Department Use Only:

Received by (HR Rep): \_\_\_\_\_

Date Received: \_\_\_\_\_

Leave Recorded in System:  Yes  No \_\_\_\_\_

Return to Work Date Confirmed: \_\_\_\_\_

Notes: \_\_\_\_\_

**Employee Signature**

**Supervisor Signature**

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

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