

REQUEST FOR LEAVE OF ABSENCE

Employee: _____

Requested Date to Commence Leave: _____

Return to Work Date: _____

Reason for Request:

Employee Signature: _____

Date: _____

Date Received by Supervisor: _____

RESPONSE TO REQUEST FOR LEAVE OF ABSENCE**Request for Leave of Absence on above noted dates is:**☐ Approved☐ Denied☐ With
Pay☐ Without Pay

Date the Leave commences: _____

Date to return to work: _____

Type of Leave approved: _____

Failure to return to work on your scheduled date is deemed a voluntary resignation from your
job effective the date the leave commenced.

Supervisor's Signature: _____ Date: _____

