LEAVE OF ABSENCE REQUEST FORM

SECTION I. EMPLOYEE INFORMATION

Employee Name: _____

Employee ID or SSN: _____

Employee Signature: _____

SECTION II. LEAVE INFORMATION

Dates of Leave: From: _____   To: _____
                     (first day of leave)   (proposed return to work date)

Reason for Leave (check one):
_____   Extended Vacation
_____   Medical/Health
_____   Maternity/Birth
_____   Sabbatical
_____   Other (please explain) _____

_____

_____

_____

FOR OFFICE USE ONLY

Leave Request Approved: YES   NO

Authorized by: _____

Date: _____