

<Your Company Logo>

**Leave of Absence Request Form**

**Name:** \_\_\_\_\_

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

**Date Submitted:** \_\_\_\_\_

*I would like to request the following dates as a Leave of Absence. I understand that the approval of my Leave of Absence may be subject to operational needs and my Leave of Absence has not been approved until I receive notice of approval. Notice of approval will be indicated by my **Manager** indicating that the dates were approved and the **Manager's** signature on a copy of this form that is returned to me..*

*I understand that I am not allowed to be involved in gainful employment while on leave unless I have received written approval from my **Manager**.*

*I understand that, unless noted in writing, my Leave of Absence is without pay.*

*Finally, I understand that I may be required to use my accrued vacation prior to beginning my Leave of Absence.*

Type of Leave of Absence

\_\_\_\_\_ Bereavement

\_\_\_\_\_ Jury/Court Duty

\_\_\_\_\_ Compassionate Care

\_\_\_\_\_ Pregnancy

\_\_\_\_\_ Military Responsibility

\_\_\_\_\_ Parental

\_\_\_\_\_ Family Responsibility

\_\_\_\_\_ Other (explain) \_\_\_\_\_

	<b>Leave From: (First day)</b>	<b>To, inclusive: (Last day)</b>	<b>Total Days</b>	<b>Approved</b>	<b>Denied</b>	<b>Manager's Signature</b>
<b>1</b>						

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

Copy returned to Employee on \_\_\_\_\_, by \_\_\_\_\_

Date

Name of **Manager**

Completed original to be kept in Employee file