

# Leave of Absence Form

Employee Name:	
Employee #:	
Position:	
Department:	

Hours       Half Day       Full Day      Total number of requested days:

Reason for Time Off	Starting Date	End Date
<input type="checkbox"/> Vacation Leave		
<input type="checkbox"/> Sick Leave		
<input type="checkbox"/> Personal Leave		
<input type="checkbox"/> Family Leave		
<input type="checkbox"/> Parental Leave (Maternal/Paternal Leave)		
<input type="checkbox"/> Bereavement Leave		
<input type="checkbox"/> Sabbatical Leave		
<input type="checkbox"/> Military Leave		
<input type="checkbox"/> Jury Duty Leave		
<input type="checkbox"/> Compensatory Leave / Time Off in Lieu (TOIL)		
<input type="checkbox"/> Volunteer Time Off (VTO)		
<input type="checkbox"/> Other		

**Notes:**

[1]
[2]

**To Be Completed By The Company:**

Manager Approval:	<input type="checkbox"/> Approved	<input type="checkbox"/> Rejected	Date:
Manager Signature:			