Leave of Absence Form

Employee Name:									
Employee #:									
Position:									
Department:									
	Hours	☐ Half Day ☐ Full Day Total number of requested days:							
Reas	son for Time O	Half Day Full Day Total number of requested days: The Off Starting Date End Date Leave Ve Leave Leave Leave Leave Leave Leave (Maternal/Paternal Leave) ment Leave sal Leave Leave Jeave Jeave							
	Vacation Leav	ve				Starting Date End Date DIL)			
	Sick Leave								
	Personal Leav	ve		ternal Leave)					
	Family Leave	v Leave							
	Parental Leav	rental Leave (Maternal/Paternal Leave)							
	Bereavement Leave								
	Sabbatical Le	al Leave							
	Military Leave	9							
	Jury Duty Lea	ve					Starting Date End Date		
	Compensato	pensatory Leave / Time Off in Lieu (TOIL)							
	Volunteer Time Off (VTO)								
	Other								
Notes:									
[1]									
[2]									
To Be Completed By The Company:									
Manager Approval: Approved Rejected									
Man	ager Signature	:					Date:		