



Request for Leave of Absence

Employee Name: _____

Employee No.: _____ Department: _____

Type of Leave Requested: (check one)

_____ Personal Leave

_____ Sick Leave (schedule appointment)

_____ Sick Leave (Attach doctor or Return To Work Form as appropriate)

Date(s) of Expected Leave: _____

Expected Date of Return: _____

Number of Hours Requested Off: _____

Signature of Employee _____

Date of Signature _____

Approved _____ Denied _____

Signature of Supervisor _____

Date of Decision _____

FOR OFFICE USE ONLY

Comments _____
