



Request for Leave of Absence

Employee Name: _____
Manager Name: _____
Date Applied: _____

Type of Leave (Please check appropriate reason)

Medical Leaves:

Non-Medical Leaves:

- _____ Medical Maternity _____ Family
- _____ Industrial (Work Related) _____ Jury Duty
- _____ Other Medical Disability (Non-Work Related) _____ Personal
- _____ S i c k M i l i t a r y
- _____ Medical Maternity without Pay
- _____ Leave without Pay

First Day of Leave: _____

Last Day of Leave: _____

Number of Days of leave: _____

Please coordinate with my PTO hours: Yes No

Agreement

I understand that, if possible, I am expected to contact my designated company representative at least one (1) week prior to my expected return date to confirm my availability. If I do not contact my designated company representative on or before the above return date I am considered to have voluntarily resigned on the scheduled last day of the leave. A request for an extension of my Leave of Absence must be received prior to the expiration of the original LOA. Any extension must be approved by my designated company representative. An extension of a Medical LOA must be accompanied by a written statement by my attending physician.

I have read and understand the above information.

Employee's Signature

Date

Manager's Signature

Date