



Leave of Absence Request Form

Employee Information

Name: _____

Building: _____

Position: _____

Supervisor: _____

Type of Leave Requested (check one):

☐ Bereavement

☐ Personal Leave

☐ Medical Leave

☐ Vacation/PTO

☐ Other: _____

☐ Reason for Leave (optional): _____

Start Date of Leave: _____

End Date of Leave: _____

Total Number of Days Requested: _____

Supporting Documentation (if applicable)

Attached (e.g., funeral program, medical note)

Employee Signature: _____

Date: _____

Supervisor Approval

☐ Approved

☐ Denied

Comments: _____

Supervisor Signature: _____

Date: _____

HR Use Only

Leave Entered in System: ☐ Yes ☐ No

Entered by: _____

Date Processed: _____