

Leave of Absence Form

Employee Name

Date _____

SSN

Organization

Department

Purpose for Leave: _____

Dates of Leave: _____

Type of Leave (check one):

☐ Annual Leave

☐ Unpaid Absence

 Sick Leave

☐ Other: _____

❑ Compensatory Time Off

Additional Remarks: _____

Supervisor's Decision

☒ Approved

☐ Disapproved

Reason for Disapproval: _____