

Employee Request for Leave of Absence Form

The undersigned employee, under the terms of his or her employment, requests the following leave of absence dates:

Signature of Employee _____ Date _____

Printed Name of Employee _____

This Employee Request for Leave of Absence has been

☐ Approved

☐ Denied for the following reasons: _____

Signature of Employer _____ Date _____

Printed Name of Employer _____

Employee: Please keep a copy of this form for your records.