

MousePaw Media
Leave of Absence Request

Date: _____

Employee Name: _____

Employee ID: _____

Supervisor: _____

Vacation Type

☐ Personal ☐ Academic/Work ☐ Emergency

Start Date: _____ Return Date: _____

Details

Supervisor Use Only

☐ Approved ☐ Denied

Start Date: _____ Return Date: _____

Details

(Continued on reverse...)

MousePaw Media
Leave of Absence Request

By signing this form, you, the employee, confirm that you understand and agree to the following terms of the leave of absence.

During the approved time period, you are released from all duties relating to your employment at MousePaw Media, including check-in emails, time requirements, and meetings. On the specified return date, you must contact your supervisor in email, by phone, or in person before 11am Pacific Time. Extensions to leave of absence must be requested and submitted separately on a fresh copy of this form.

Failure to contact your supervisor by the return date shall be considered an unauthorized absence, and failure to resume duties of employment following this and immediately subsequent leave(s) of absence shall be considered grounds for termination of employment.

Employee Signature

Date

Supervisor Signature

Date