

REQUEST FOR LEAVE OF ABSENCE

Employee name: _____ Date: _____

Type of leave requested:

_____ Medical leave

_____ Personal leave

_____ Family leave

_____ Other (explain below)

_____ Maternity leave

Reason for leave of absence: _____

Date leave of absence to begin: _____

Expected date of return: _____

Do you want to use any accrued paid vacation before taking this leave? ____Yes ____No

Employees requesting a medical or maternity leave must attach a letter from their physician stating the need for a leave of absence, its beginning and expected ending dates.

Employee's signature: _____ Date: _____

Manager's approval: _____ Date: _____