

LEAVE OF ABSENCE FORM

Employee Name: _____ Employee #: _____

Address: _____

Date of Birth: ____/____/____ Department/Position: _____

EMPLOYEE STATUS: Full Time ☐ Part Time ☐ Variable ☐

LEAVE DATES: From ____/____/____ To ____/____/____

Total Number of Days on Leave: _____

LEAVE TYPE:

Bereavement ☐ Military Duty ☐ Jury Duty ☐ Medical ☐ Other ☐

Additional Comments:

I, _____ declare that my leave will be from
____/____/____ to ____/____/____. I understand that if I do not return on
the date listed above, it will be considered a voluntary termination.

Employee Signature

Employee Print

Date

MANAGEMENT ONLY

☐ Approved ☐ Disapproved

Reason for Disapproval _____

Additional Comments: _____

Supervisor Signature

Supervisor Print

Date



PROVIDING DOCUMENTATION FOR A LEAVE OF ABSENCE

The following is what you will need to provide the management of Anomaly Squared when you request a leave of absence from the company. Please reference the handbook for specific instructions on each type of LOA.

JURY DUTY: Provide a copy of the jury duty summons.

MILITARY LEAVE: Provide a copy of the military orders. In addition, you need to provide a letter of intent to the return of employment.

DISABILITY: Provide a doctor's note stating the nature of the disability and the return to work date. One week prior to the return date, you must provide a written notice along with another doctor note stating you are able to medically return to work.

Anomaly Squared reserves the right to ask for any additional documentation concerning the leave of absence no matter the reason for the leave of absence.