**Request for Leave of Absence**

Employee name: Date:

Position: Department:

Please indicate type of leave requested:

□ Medical □ Military

□ Family □ Education

□ Personal □ Other

Dates of leave: From: To:

Benefits Information:

Will employee accrue paid time off while on leave? □ Yes □ No

If yes, which type:

Sick □ Yes □ No

Vacation □ Yes □ No

Personal □ Yes □ No

Will employee go on COBRA? □ Yes □ No

If yes, what date will it start?

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*Employee Signature Date*

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*Supervisor’s Approval Date*

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*Human Resource’s Approval Date*