

# Leave of Absence Request Form

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee ID Number

Type of Leave of Absence	
<input type="checkbox"/>	Medical
<input type="checkbox"/>	Military
<input type="checkbox"/>	Personal
<input type="checkbox"/>	Family Medical Leave
<input type="checkbox"/>	Others _____

\_\_\_\_\_  
Start Date of Leave

\_\_\_\_\_  
Return to Work Date

**All medical Leaves of Absence require certification from a doctor to return to work.**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Manager Signature

\_\_\_\_\_  
Date

**Route to:**

- Timekeeping
- Payroll
- Benefits