



**Request for Leave of Absence**

Employee Name: \_\_\_\_\_  
Manager Name: \_\_\_\_\_  
Date Applied: \_\_\_\_\_

**Type of Leave (Please check appropriate reason)**

**Medical Leaves:**

**Non-Medical Leaves:**

- \_\_\_\_\_ Medical Maternity \_\_\_\_\_ Family
- \_\_\_\_\_ Industrial (Work Related) \_\_\_\_\_ Jury Duty
- \_\_\_\_\_ Other Medical Disability (Non-Work Related) \_\_\_\_\_ Personal
- \_\_\_\_\_ S i c k M i l i t a r y
- \_\_\_\_\_ Medical Maternity without Pay
- \_\_\_\_\_ Leave without Pay

First Day of Leave: \_\_\_\_\_

Last Day of Leave: \_\_\_\_\_

Number of Days of leave: \_\_\_\_\_

Please coordinate with my PTO hours: Yes No

**Agreement**

I understand that, if possible, I am expected to contact my designated company representative at least one (1) week prior to my expected return date to confirm my availability. If I do not contact my designated company representative on or before the above return date I am considered to have voluntarily resigned on the scheduled last day of the leave. A request for an extension of my Leave of Absence must be received prior to the expiration of the original LOA. Any extension must be approved by my designated company representative. An extension of a Medical LOA must be accompanied by a written statement by my attending physician.

I have read and understand the above information.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

Manager's Signature

Date