Request for Leave of Absence

Employee name: _____ Date: _____

Position: _____ Office: _____

Please indicate type of leave requested:

- □ Medical
- □ Family
- □ Personal
- □ Military
- □ Education
- □ 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? _____

_____ _____
Employee Signature *Date*

_____ _____
Supervisor's Approval *Date*

_____ _____
Human Resource's Approval *Date*