



## Request for Leave of Absence

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

Position \_\_\_\_\_

Beginning date of leave \_\_\_\_\_

Expected date of return \_\_\_\_\_

Type of leave requested

\_\_\_\_\_ Family & Medical Leave

\_\_\_\_\_ Jury Duty

\_\_\_\_\_ Personal leave

\_\_\_\_\_ Military Leave

\_\_\_\_\_ Other Time Off (Explain)

Reason for leave of absence \_\_\_\_\_

\_\_\_\_\_  
*(Please attach an additional sheet of explanation, if necessary.)*

\_\_\_\_\_  
Note: We require that paid leave be taken before unpaid leave and that vacation accrual be used prior to sick leave.

Total number of accrued vacation hours or days requested \_\_\_\_\_

Total number of accrued sick leave hours or days requested \_\_\_\_\_

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

Manager's Approval \_\_\_\_\_ Date \_\_\_\_\_