



Policy Leave of Absence Request Form

Absence Information

Employee Name: _____
Department:: _____
Manager: _____

Date(s) of Absence:	From: _____	To: _____
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Type of Absence Requested:

<input type="checkbox"/> Sick/Personal	<input type="checkbox"/> Vacation	<input type="checkbox"/> Bereavement	<input type="checkbox"/> Time Off Without Pay
<input type="checkbox"/> Military	<input type="checkbox"/> Jury Duty	<input type="checkbox"/> Maternity/Paternity	<input type="checkbox"/> Other

***Please check with Payroll Department if you are eligible for PTO (Paid Time Off)**

Reason for Absence (If Reason Is Not Stated Above):

Employee Signature

Date

Manager Approval

- *Calendar has been checked to ensure that there are no conflicts.
- Approved

Comments:

Manager Signature

Date