



## Policy Leave of Absence Request Form

### Absence Information

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

Department: \_\_\_\_\_

Manager: \_\_\_\_\_

Date(s) of Absence:

From:

To:

### Type of Absence Requested:

Sick/Personal

Vacation

Bereavement

Time Off Without Pay

Military

Jury Duty

Maternity/Paternity

Other

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

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

|  |
|--|
|  |
|  |
|  |
|  |

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

\_\_\_\_\_  
*Date*

### Manager Approval

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

Approved

### Comments:

|  |
|--|
|  |
|  |
|  |

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

\_\_\_\_\_  
*Date*