



Policy Leave of Absence Request Form

Absence Information

Employee Name: _____

Department:: _____

Manager: _____

Type of Absence Requested:

Sick/Personal

Vacation

Bereavement

Time Off Without Pay

Military

Jury Duty

Maternity/Paternity

Other

Date(s) of Absence:

From:

To:

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

Reason for Absence:

Employee Signature

Date

Manager Approval

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

Approved

Comments:

Manager Signature

Date