



LEAVE OF ABSENCE FORM

Today's Date: _____

Facility: _____

Employee Name: _____

Employee Position: _____

Purpose of Request: _____

Date Leave Requested: _____

Expected Date to Return to Work: _____

Employee Signature

Date

Supervisor's Signature

Date

Refer to Employee Handbook, Section 5.10 Leave without Pay (Leave of Absence) for criteria to qualify.

* Copy of official orders must accompany a Leave of Absence request for military services.