LEAVE OF ABSENCE REQUEST FORM

(Leave of Absences include Family Leave, Military Leave, and Long Term Education Leave)

EMPLOYEE'S NAME				
ADDRESS			PHONE NUMBER	
CITY, STATE	Z	ZIP CODE	JOB TITLE	
REA	SON FOR LEAVE OF	ABSENCE REQUE	EST*	
* Request for family leave must be accon	AMOUNT OF TIME R	EQUESTING OFF	condition for which leave is requested.	
BEGINNING DATE	(to be completed by Staff Member) ENDING DATE		# OF DAYS/WEEKS	
TAFF'S SIGNATURE:			DATE:	
	APPROVAL SIG	GNATURES		
EXECUTIVE DIRECTOR		SUPERVISOR		
Date			Date	
	ACTUAL TI			
BEGINNING DATE	ENDI	NG DATE	# OF DAYS/WEEKS	