

# Request for Leave of Absence

Date: \_\_\_\_\_

I would like to apply for a leave of absence for the following reason:

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Beginning Date: \_\_\_\_\_  
(First scheduled work day absent)

Date of Return: \_\_\_\_\_  
(First day returned to work)

IT IS MY UNDERSTANDING THAT FAILURE TO RETURN ON THE ABOVE DATE OR TO NOTIFY MY EMPLOYER, IN WRITING, THAT I WISH AN EXTENSION WILL RESULT IN MY SEPARATION.

\_\_\_\_\_  
(Employee's Signature)

\_\_\_\_\_  
(Employee's Social Security #)

Leave of Absence:      Approved \_\_\_\_\_      Disapproved \_\_\_\_\_

\_\_\_\_\_  
(Manager's Signature)

*Note: This document is for informational purposes only and may not be appropriate for your situation. Please consult an attorney for all legal matters.*