Leave of Absence Form

Employee Name:	
Employee #:	
Position:	
Department:	

☐ Hours ☐ Half Day ☐ Full Day Total number of requested days:

Reason for Time Off		Starting Date	End Date
☐	Vacation Leave		
☐	Sick Leave		
☐	Personal Leave		
☐	Family Leave		
☐	Parental Leave (Maternal/Paternal Leave)		
☐	Bereavement Leave		
☐	Sabbatical Leave		
☐	Military Leave		
☐	Jury Duty Leave		
☐	Compensatory Leave / Time Off in Lieu (TOIL)		
☐	Volunteer Time Off (VTO)		
☐	Other		

Notes:

[1]	
[2]	

To Be Completed By The Company:

Manager Approval:	☐ Approved ☐ Rejected	
Manager Signature:		Date: