

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: