



Leave of Absence Request Form

Employee Name

Date

Employee SS Number

Type of Leave of Absence

- Medical
- Military
- Personal Time Off (PTO)
- Family Medical Leave
- Vacation
- Others _____

Start Date of Leave

Return to Work Date

of Leave Days

All medical Leaves of Absence require certification from a doctor to return to work.

Employee Signature

Date

Supervisor Signature

Date

Route to:

- Timekeeping
- Payroll
- Benefits
- Human Resources