



Leave of Absence Request Form

Leave of Absence Request	
<i>The following section is to be completed by the employee and submitted to their supervisor prior to the requested start date.</i>	
Employee Number:	Employee Name:
Date of Request:	Position/Department:
Number of Weeks Requested:	Start Date:
	End Date:
Employee Signature:	

Leave of Absence Approval
<i>The following section is to be completed by the employee's supervisor</i>
Leave of Absence Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Non-approval (If Applicable):
Supervisor Name:
Supervisor Signature:

****If applicable, medical or supporting documentation must be attached****