**Leave of Absence Request Form**

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| **Employee information**Name:Department:Time off request: \_\_\_\_\_ 🞏 Days 🞏 HoursDates of absence. From\_\_\_\_\_\_\_\_\_\_\_\_\_ To \_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Type of absence request** |
| 🞏 Vacation🞏 Medical Leave🞏 Jury Duty | 🞏 Personal Leave🞏 Family Reasons🞏 To Vote | 🞏 Bereavement🞏 Time off without pay🞏 Other\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Reason for the time off request** |

*I understand that this request is subject to approval by my employer.*

Employee signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Manager approval**

🞏 Approved 🞏 Rejected

Managersignature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_