

## LEAVE OF ABSENCE APPROVAL FORM

**Date Requested:**

Employee Information			
<b>First Name</b>	<b>Last Name</b>	<b>Email Address</b>	<b>Employee ID #</b>
<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>

Leave Details	
<b>Supervisor Name</b>	<b>Supervisor Title</b>
<b>Reason for Leave</b>	
<b>Start Date</b>	<b>End Date</b>
<b>Please provide a brief explanation of the leave purpose (include any relevant details)</b>	

I, , acknowledge that I have requested a leave of absence for the specified dates and for the reasons provided. I understand the company's policies regarding leaves of absence and agree to comply with any requirements during my absence.

**Signature:**

**Signature Date:**