

LEAVE OF ABSENCE APPROVAL FORM

Date Requested:

| Employee Information | | | |
|-----------------------|------------------|----------------------|----------------------|
| First Name | Last Name | Email Address | Employee ID # |
| | | | |
| | | | |
| Street Address | City | State | Zip Code |
| | | | |

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

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: