**Leave of Absence Form**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Applicant Name: | | | |  | | | | | |
|  | | | |  | | | | | |
| Date of Filing: | | | |  | | | | | |
|  | | | |  | | | | | |
| Organization: | | | |  | | | | | |
|  | | | |  | | | | | |
| Department: | | | |  | | | | | |
|  | | | |  | | | | | |
| SSN: | | | |  | | | | | |
|  | | | |  | | | | | |
| Purpose for Leave: | | | |  | | | | | |
|  | | | |  | | | | | |
| Dates of Leave: From: | | | | | |  | To: |  |  |
|  | | | | | |  |  |  |  |
| Number of Days: | | |  | | | | | | |
|  | | |  | | | | | | |
| Inclusive Days: | | |  | | | | | | |
| **Type of Leave** | | | | | | | | | |
|  | | | | | | | | | |
|  | Annual Leave | | | | | | | | |
|  |  | | | | | | | | |
|  | Sick Leave | | | | | | | | |
|  |  | | | | | | | | |
|  | Compensatory Time Off | | | | | | | | |
|  |  | | | | | | | | |
|  | Unpaid Absence | | | | | | | | |
|  |  | | | | | | | | |
|  | Other: |  | | | | | | | |
|  |  |  | | | | | | | |
|  |  |  | | | | | | | |
| Additional Remarks: | | | | |  | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **To Be Filled Out by Management** | | | | | | |
|  | | | | | | |
|  | Approved | |  | | Disapproved | |
|  |  | |  | |  | |
| Reason for disapproval: | |  | | | | |
|  | | | | | | |
|  |  | |  | |  | |
|  |  | |  | |  | |
|  |  | |  | |  | |
|  | | | |  | |  |
| Supervisor Signature | | | |  | | Date |

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