**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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