

Leave of Absence Request

Name of Employee: _____

Date Submitted: _____

I hereby request a leave of absence for the following reason(s):

Should this leave of absence be granted, I have indicated below my last day of work and the day I will return to work:

1. Last day of work: _____

2. Return to work on: _____

I fully understand that this leave of absence may be extended by my written request within three (3) business days in advance of the expiration of this leave of absence. I also understand that said extension of leave of absence shall not be binding upon the company until they have approved said extension and provided me a copy of same.

All statements above are fully understood.

Employee's Signature: _____ *Date:* _____

Supervisor's Signature: _____ *Date:* _____

Manager's Signature: _____ *Date:* _____