



# Leave of Absence Request Form

A submitted request for a leave of absence does not guarantee approval. Please fill out this form clearly and accurately, and submit it to your direct supervisor with any additional information necessary for determining leave.

## Employee Information

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Name: \_\_\_\_\_ Title: \_\_\_\_\_

Date of official hire (this can be found in your employee personnel file): \_\_\_\_\_

Name of direct supervisor: \_\_\_\_\_

Title: \_\_\_\_\_

## Leave Details

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Requested start date: \_\_\_\_\_

Requested end date: \_\_\_\_\_

Total number of days requested (approximation is acceptable if necessary): \_\_\_\_\_

Types of leave:

- Educational  
*Required documentation: Letter of acceptance from educational institution*
- Medical (only available for staff member's own illness/injury)  
*Required documentation: Certification from health care provider; must include date condition began, probable duration, and facts regarding staff member's medical condition and inability to work*
- Military  
*Required documentation: Department of Defense orders*
- Maternity
- Other personal leave  
*Required documentation: Explanation of request*

Employee signature: \_\_\_\_\_ Date: \_\_\_\_\_



## For Supervisor

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Leave of absence approved

Leave of absence rejected

Comments:

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Dates approved for employee leave:

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Supervisor name:

Title:

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Supervisor signature:

Date:

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