

Leave of Absence Form

Applicant Name:

Date of Filing:

Organization:

Department:

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:

.....

Employee Signature:

Date: