APPLICATION FOR LEAVE OF ABSENCE

Employee’s Name: ________________________________________________________________

I hereby apply for leave of absence from

Month   Day  Year  Hour

 to

Month   Day  Year  Hour

Totaling (work days or hours) _______________________

The nature of the leave is indicated by a check in the appropriate block below.

☐ Annual Leave
☐ Sick Leave
☐ Family and Personal Leave

☐ Compensatory Leave
☐ Family Sick Leave
☐ Other (Administrative, Military, LWOP) Provide an explanation below or attach a letter

Employee Signature   Date    Supervisor's Signature   Date

----------------------------------------------------------------------------------------------------------------------------------------

Employee’s Name: ________________________________________________________________

I hereby apply for leave of absence from

Month   Day  Year  Hour

 to

Month   Day  Year  Hour

Totaling (work days or hours) _______________________

The nature of the leave is indicated by a check in the appropriate block below.

☐ Annual Leave
☐ Sick Leave
☐ Family and Personal Leave

☐ Compensatory Leave
☐ Family Sick Leave
☐ Other (Administrative, Military, LWOP) Provide an explanation below or attach a letter

Employee Signature   Date    Supervisor's Signature   Date