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: