



## Request for Leave of Absence

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

Dates Requested for Leave: \_\_\_\_\_

Type of Leave:  Medical Leave  Personal Leave  Vacation Leave

Other \_\_\_\_\_

Substitute Required:  Yes  No

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_