Leave of Absence Request Form

Employee Name		Date	
Employee Social Security	Number		
Ту	pe of Leave of Absence		
	Medical		
	Military	Military	
	Personal Time Off	Personal Time Off (PTO) Family Medical Leave	
	Family Medical Lea		
	Vacation	Vacation	
	Other		
Start Date of Leave	Return to Work Date	# of Leave Days	
All Medical Leaves of A	Absence require certificat to return to work.	tion from a doctor	
Employee Signature		Date	
Supervisor Signature		Date	