

Leave of Absence (LOA) Request Form

Name: _____ EID #: _____ Today's Date: _____

Department: _____ Position: _____

In general, leaves of absences for a period of more than three (3) weeks will not be approved, except as required by law. Instead you will need to terminate your employment and re-apply for an open position once you return

Date Requesting Leave to Begin: _____

Date Will Return to Work: _____

Reason: _____

Using Paid Time Off Days? Yes No Floating Holiday ____ days PTO ____ days

<u>Full-Time Human Resources Approval:</u>		<u>Date:</u>
<u>APPROVED</u> <input type="checkbox"/>	<u>DENIED</u> <input type="checkbox"/>	
Human Resources Name: Jesse Cardinaels		
Human Resources Signature:		
<u>Full-Time Supervisor Approval:</u>		<u>Date:</u>
<u>APPROVED</u> <input type="checkbox"/>	<u>DENIED</u> <input type="checkbox"/>	
Supervisor Name:		
Supervisor Signature:		

Please sign below and submit this form to your department's scheduler.

By signing below, I understand that this is only a request and can only be taken with approval. I understand that I am expected and required to report for work at the conclusion of an approved Leave of Absence. **Failing to do so will result in a Quit Without Notice status.****

Signature of Requestor: _____

****Remember, this is only a request and can be denied due to business needs. This form is must be submitted at least two (2) weeks prior to the requested time off.**