

Leave(s) of Absence Request

Date: _____

To: HUMAN RESOURCES BENEFITS

Name: _____

Department: _____

Subject: LOA Request

Supervisor: _____

Begin Date: _____

Estimated Return to Work Date: _____

I am requesting a Leave of Absence for the following reasons:

Medical Leave {**Non FMLA Eligible**} {**Attach Physician Statement**}

Personal Leave {Policy 404} {**Attach Written Explanation of why Leave is needed**}

Military Leave {Policy 407- **first 18 days paid**} ch 