



Leave of Absence Request

Effective Date: 03/04/96

Number: _____

Name _____

Position _____

Dept. _____

Type of leave being requested:

_____ Medical _____ Educational _____ Personal

I am requesting a leave of absence for the following time:

Begin date: _____

Return to work: _____

My reason for requesting leave is:

_____.

I understand that I must make arrangements with the Human Resources Department to continue my insurance (if applicable) and that failure to do so by the time my leave begins may result in loss of coverage.

I intend to return to work on or before the date listed above.

Employee Signature _____ Date _____

Approval Signature _____ Date _____

Approval Signature _____ Date _____

Personnel Approval _____ Date _____