

Appendix 417-A Leave of Absence Request Form

Employee Name: _____

Department/Position: _____

Date Leave Request Submitted: _____

I am requesting a leave of absence pursuant to the Employee Policy Manual. The type of leave being requested is:

- Short Term: 30 days or less
- Over 30 days
- Personal Leave
- Disabled Veteran Leave
- Educational Leave
- Political Leave
- Extended Leave

I would like to commence my leave on _____, 20____ and expect the leave to continue through _____, 20____.

Other Comments With Regard to Leave: _____

Employee's Signature

Approved Denied

By: _____
Supervisor Signature

Date: _____

Approved Denied

By: _____
Department Head Signature

Date: _____

Approved Denied

By: _____
Human Resources Director

Date: _____