Leave of Absence Form

Applicant Name : .....

Date of Filing : .....

Organization : .....

Department : .....

Purpose for Leave : .....

Dates of Leave : From:..... To:.....

Number of Days : .....

Inclusive Days : .....

Type of Leave

☐ Annual Leave

☐ Sick Leave

☐ Compensatory Time Off

☐ Unpaid Absence

☐ Other: .....

Additional Remarks : .....

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To Be Filled Out by Management

☐ Approved ☐ Disapproved

Reason for disapproval: .....

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Employee Signature: Date: