



# LEAVE OF ABSENCE REQUEST FORM

<b>Last Name:</b>	<b>First Name:</b>	<b>Middle Initial:</b>	<b>Social Security Number:</b>
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<b>Client Company:</b>	<b>Job Title:</b>	<b>Supervisor:</b>	<b>Last Day of Active Work:</b>
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**LEAVE OF ABSENCE** (please check reason below):

- Medical Leave
- Birth or Adoption of a Child
- Military and National Guard Leave
- Personal Reasons
- Educational Reasons
- Other, please specify: \_\_\_\_\_

**DATES REQUESTED:**

Beginning Date: \_\_\_\_\_

Returning Date: \_\_\_\_\_

Any additional information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Employee**  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Client Approval**  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For The Employer Group Use Only:**

Date this form received: \_\_\_\_\_ By: \_\_\_\_\_

Date processed by payroll: \_\_\_\_\_ By: \_\_\_\_\_

Date processed by benefits: \_\_\_\_\_ By: \_\_\_\_\_