

**Application for   
LEAVE OF ABSENCE**

DEPARTMENT OF

**HUMAN RESOURCES**

**The following individual will be away on leave without pay as follows:**

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| **EMPLOYEE INFORMATION** | |
| Last Name: | Employee ID (if known): |
| First Name: | Department: |

|  |  |  |  |
| --- | --- | --- | --- |
| **LEAVE INFORMATION** | | | |
| Type of Leave: | Sick Leave Used Up: |  | Reason for Leave: |
| Extra Bereavement Leave: |  |
| Personal Leave: |  |
| Extra Vacation: |  |
| Other: |  |
| Dates Away: | From: | | |
| To: | | |
| Comments: |  | | |

|  |  |
| --- | --- |
| **AUTHORIZED BY** | |
| Department Head/Supervisor Name (please print): | |
| Signature: | Date: |

**Forward approved form to the Human Resources Department**

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| **HUMAN RESOURCES AUTHORIZATION** | |
| **AUTHORIZATION GIVEN TO STOP PAY** | |
| Director of HR Signature: | Date: |