

**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:       |

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| **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: |       |

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| **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:  |