

FAX COMPLETED FORM TO HR: 815-5969

LEAVE OF ABSENCE APPLICATION

Name _____ Position _____ Date _____
 Shift _____ Dept. _____ Employment Status (check one): FT _____ PT _____ PRN _____
 Address (City, ST, Zip) _____
 Home Phone # _____ Cell Phone # _____ Employee # _____

EMPLOYEE OTHER MEDICAL LEAVE STATEMENT

I, _____, request a leave of absence to begin _____ and to end _____ for the following reason:

Other Medical Leave Military Leave

I have read and fully understand the information contained on this Leave of Absence Application.

Employee Signature Date

HR Signature Date

Leave status: approved denied

EMPLOYEE PERSONAL/EDUCATIONAL LEAVE

I, _____, request a leave of absence to begin _____ and to end _____ for the following reason: (check one)

Personal Leave Educational Leave

I have read and fully understand the information contained on this Leave of Absence Application.

Employee Signature Date

Employee Manager Signature Date
(Personal Leave/Educational Leave)

Leave status: approved denied

EXTENSION REQUEST

I, _____, am currently on a (check one) Personal Leave Educational Leave

I would like to request an extension to be continued from _____ and to end on _____.

(Signature) _____ (Date) _____