

Workplace Leave of Absence Notice Form

Employee Name:

Employee ID:

Department:

Position/Title:

Type of Leave:

-- Select Type --

Leave Dates Requested:

From:

To:

Total Number of Days:

Reason for Leave:

Employee Signature:

Date:

Approval Section (For Management Use Only)

Approved	Denied	Modification Required
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments/Conditions:

Manager/Supervisor Name:

Signature:

Date: