

Maternity Leave Request Form

Please fill out all required fields to streamline your leave approval process.

Employee Name:

Employee ID:

Department:

Position/Title:

Leave Start Date:

Leave End Date:

Expected Date of Return:

Contact Details During Leave:

Type of Leave:

Maternity Leave

Additional Notes / Comments:

Employee Signature:

Date Submitted:

Manager/Supervisor Approval:

Signature

Date Approved:

Submit Request