

# Sabbatical and Extended Leave Request Form

This template is designed for employees requesting a sabbatical or an extended leave of absence. Please fill out the sections below and print the form for processing and signatures.

## 1. Employee Information

Full Name:

Employee ID:

Job Title:

Department:

Email Address:

Phone Number:

## 2. Leave Request Details

Type of Leave (e.g., Sabbatical, Extended Health, Personal, Academic Study):

Proposed Start Date (MM/DD/YYYY):

Proposed End Date (MM/DD/YYYY):

Total Duration (Weeks or Months):

## 3. Proposal and Coverage Plan

Purpose of Leave (Brief Summary):

Anticipated Outcomes or Deliverables (for Sabbaticals):

Proposed Coverage Plan for Job Responsibilities:

## 4. Signatures and Approvals

By signing below, the parties agree to the requested leave terms and conditions outlined in the company policy manual.

Employee Written Signature:

Date Signed:

Supervisor/Manager Written Signature:

Date Signed:

Human Resources Written Signature:

Date Signed: