

Extension of Leave Request Template

This form is used to request an extension on a previously approved leave of absence. Please fill out the details below, print the form, and submit it to your supervisor or Human Resources department for approval.

Employee Information

Employee Full Name:

Employee ID:

Department:

Job Title:

Contact Phone Number:

Original Leave Details

Type of Leave (e.g., Medical, Personal, FMLA):

Original Leave Start Date (MM/DD/YYYY):

Original Leave End Date (MM/DD/YYYY):

Requested Extension Details

New Proposed End Date (MM/DD/YYYY):

Reason for Extension Request:

Employee Acknowledgment

I am requesting an extension to my current leave of absence for the reasons stated above. I understand that this request is subject to approval by management and HR.

Employee Signature (Print Name to Sign):

Date (MM/DD/YYYY):

Employer Use Only

Request Status (Approved / Denied):

Supervisor/HR Authorized Signature:

Authorized Date (MM/DD/YYYY):

Comments / Conditions of Approval: