

Personal Leave of Absence Application Form

Please complete all sections of this form to request a personal leave of absence. This form is designed to be filled out and printed for submission and approval.

Employee Information

Full Name:
Employee ID:
Department:
Job Title:
Phone Number:
Email Address:

Leave Request Details

Leave Start Date (MM/DD/YYYY):
Leave End Date (MM/DD/YYYY):
Total Number of Days:
Reason for Leave:

Emergency Contact Information

Contact Person Name:
Relationship:
Contact Phone Number:

Signatures and Approvals

By signing below, the employee requests the leave of absence specified above, and the supervisors acknowledge their review and decision.

Employee Signature: Date:
Supervisor Signature: Date:
HR Representative Signature: Date:
Approval Status (Approved/Denied):