Leave of Absence Form

Applicant Name :

Date of Filing :

Organization :

Department :

Purpose for Leave :

Dates of Leave : From: To:

Number of Days :

Inclusive Days :

Type of Leave

Annual Leave

Sick Leave

Compensatory Time Off

Unpaid Absence

Other:

Additional Remarks :

To Be Filled Out by Management

Approved  Disapproved

Reason for disapproval:

Employee Signature: Date: