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# Employee Leave of Absence Form

## Employee Details

- Name: \_\_\_\_\_
- Employee ID: \_\_\_\_\_
- Department: \_\_\_\_\_
- Position: \_\_\_\_\_
- Contact Number: \_\_\_\_\_
- Email Address: \_\_\_\_\_

## Leave Details

- Type of Leave:
  - ☐ Sick Leave
  - ☐ Vacation Leave
  - ☐ Maternity/Paternity Leave
  - ☐ Personal Leave
  - ☐ Other: \_\_\_\_\_
- Start Date: \_\_\_\_\_
- End Date: \_\_\_\_\_
- Total Days: \_\_\_\_\_

## Reason for Leave

(Provide a brief description or attach a detailed explanation if necessary)

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## Authorization

- Manager/Supervisor Name: \_\_\_\_\_
- Manager/Supervisor Signature: \_\_\_\_\_
- Date: \_\_\_\_\_

## Employee Acknowledgment

I understand that this leave request is subject to approval and I will comply with company policies regarding leaves of absence.

- Employee Signature: \_\_\_\_\_
- Date: \_\_\_\_\_

## Office Use Only

- Approved: ☐ Yes ☐ No
- Approved by: \_\_\_\_\_
- Remarks: \_\_\_\_\_
- Date: \_\_\_\_\_