
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)

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: _____