

Job Leave of Absence Form

Employee Details

- Name: _____
- Employee ID: _____
- Department: _____
- Designation: _____
- Contact Number: _____
- Email Address: _____

Leave Details

- Type of Leave:
 - ☐ Personal Reasons
 - ☐ Health Issues
 - ☐ Family Emergency
 - ☐ Professional Development
 - ☐ 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 confirm that the information provided is accurate and I will adhere to company policies regarding leaves of absence.

- Employee Signature: _____
- Date: _____

Office Use Only

- Approved: ☐ Yes ☐ No
- Approved by: _____
- Remarks: _____
- Date: _____