
Employee Leave of Absence Form

Company/Organization Name

(Insert Company/Organization Logo, if applicable)

Address: [Insert Address]

Contact Number: [Insert Contact Number]

Email: [Insert Email Address]

Employee Information

- Name: _____
- Employee ID: _____
- Department: _____
- Position: _____

Leave Details

- Type of Leave Requested:
 - Sick Leave
 - Vacation Leave
 - Family/Medical Leave (FMLA)
 - Maternity/Paternity Leave
 - Military Leave
 - Bereavement Leave
 - Personal Leave
 - Other: _____
- Leave Period Requested:
 - Start Date: _____
 - End Date: _____
 - Total Duration: _____
- If Intermittent Leave is Requested:
 - Frequency: _____
 - Duration per Leave Period: _____

Reason for Leave

(Provide a detailed explanation):

Contact Information During Leave

- Phone Number: _____
- Email: _____
- Address (if different from usual):

Supporting Documents

(Attach any required documents, such as medical certificates, military orders, or other verifications):

- Attached
- Not Applicable

Employee Declaration

I certify that the information provided in this form is accurate to the best of my knowledge. I understand that my request is subject to review and approval under company policies.

Employee Signature: _____

Date: _____

For Employer Use Only

Leave Balance Information

- Available Leave Days: _____
- Leave Days to Be Deducted: _____

Decision on Leave Request

- Approved
- Denied
- Pending Further Information

Leave Details:

- **Type of Leave Approved:** _____
- **Approved Leave Period:**
 - Start Date: _____
 - End Date: _____
 - Total Days: _____
- **Intermittent Leave Schedule:**
 - Frequency: _____
 - Duration: _____

Authorized By:

Name: _____

Position: _____

Signature: _____

Date: _____

Employer Notes/Remarks

Company/Organization Seal

(Optional)