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# Intermittent 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 Request Details

- **Type of Leave Requested:**
  - Family and Medical Leave (FMLA)
  - Medical Leave (Self)
  - Family Care Leave
  - Military Leave
  - Personal Leave
  - Other: \_\_\_\_\_
- **Intermittent Leave Schedule:**
  - **Start Date:** \_\_\_\_\_
  - **End Date:** \_\_\_\_\_
  - **Frequency of Leave:** \_\_\_\_\_
  - **Duration of Each Absence:** \_\_\_\_\_

## Reason for Intermittent Leave

(Provide a detailed explanation of the reason for intermittent leave):

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**Documentation**

(Attach supporting documents as required):

- Medical Certification
- Military Orders
- Other (Specify): \_\_\_\_\_
- Not Applicable

**Employee Agreement**

I understand that my intermittent leave request is subject to company policies and approval. I certify that the information provided is accurate and that I will follow the approved schedule unless otherwise agreed upon.

**Employee Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**For Employer Use Only**

**Approval and Leave Details**

- **Type of Leave Approved:** \_\_\_\_\_
- **Intermittent Leave Period:**
  - Start Date: \_\_\_\_\_
  - End Date: \_\_\_\_\_
- **Intermittent Leave Schedule:**
  - Frequency: \_\_\_\_\_
  - Duration Per Absence: \_\_\_\_\_

**Decision on Leave Request**

- Approved
- Denied
- Pending Additional Information

**Remarks/Conditions**

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**Authorized By:**

**Name:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Employer Notes (Optional)**

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**Company/Organization Seal**

*(Optional)*