
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):

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

Authorized By:

Name: _____

Position: _____

Signature: _____

Date: _____

Employer Notes (Optional)

Company/Organization Seal

(Optional)