# Leave of Absence Request Form

*This form is used by employees to formally request a leave of absence from work for personal, medical, or other approved reasons. Completing this form ensures documentation and appropriate coordination with Human Resources and management.*

## Employee Information

**Full Name:** {fullName}

**Employee ID:** {employeeId}

**Department:** {department}

**Job Title:** {jobTitle}

**Supervisor Name:** {supervisorName}

**Date of Request:** {requestDate}

## Leave Details

**Type of Leave Requested:** {leaveType}

**Start Date:** {startDate}

**End Date:** {endDate}

**Total Number of Days:** {numberOfDays}

**Is this related to a medical condition?**

{#isMedical}

**Name of Treating Physician:** {physicianName}

**Medical Certification Provided:** {medicalCertification}

{/isMedical}

## Reason for Leave

{leaveReason}

## Contact Information During Leave

**Email:** {contactEmail}

**Phone:** {contactPhone}

**Address During Leave:** {contactAddress}

## Approval Workflow

|  |  |  |  |
| --- | --- | --- | --- |
| **Approver** | **Position** | **Status** | **Comments** |
| {#approvals}{approverName} | {approverPosition} | {approvalStatus} | {approvalComments}{/approvals} |

## Additional Notes

{additionalNotes}

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

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

**HR Use Only:**

* **Received By:** {receivedBy}
* **Date Received:** {receivedDate}
* **HR Comments:** {hrComments}