

Women's Care Center
We Take Care Of The Whole You

Leave Of Absence Request

Date: _____

Absence Information

Employee Name: _____

Employee Number: _____ Department: _____

Manager: _____

Type of Absence Requested:

- Sick Vacation Bereavement Time Off Without Pay
 Military Jury Duty Maternity/Paternity Other

Dates of Absence: From: _____ To: _____

Reason for Absence:

You must submit requests for absences, other than sick leave, one month prior to the first day you will be absent.

Employee Signature

Date

Manager Approval

- Approved
 Rejected

Comments:

Manager Signature

Date