## **Leave of absence request form template**

**Employee Information:**

Name: [Insert name here]  
Job Title: [Insert job title here]  
Department: [Insert department here]  
Hire Date: [Insert hire date here]  
Work Location: [Insert work location here]

**Type of leave:**

Military Leave (must provide verification from appropriate military authority)

Military Service

Personal Leave (up to 30 days, unpaid)  
Reason: [Insert reason here]

Non-FMLA Medical Leave

Start of leave (first day absent from work): [Insert start date here]

End of leave (last day absent from work): [Insert end date here]

Regular hours worked per week: [Insert number of hours here]

Full-time or Part-time: [Insert full-time or part-time here]

Intermittent Leave Request: [Yes or No]

If yes, please attach proposed schedule.

**Leave details:**

Number of days of leave requested: [Insert number of days here]  
Dates of leave: [Insert dates of leave here]  
Reason for leave (if personal or medical): [Insert reason here]

**Approval process:**

Supervisor Approval: [Insert supervisor signature block here]  
HR Approval: [Insert HR signature block here]

**Notes:**

* All requests for non-FMLA leaves of absence must be submitted to HR for approval.
* Employees are required to provide supporting documentation for any medical leave request.
* Any changes to the original leave request must be submitted in writing to HR for approval.
* During the leave, the employee will remain employed by the university but will not receive pay or benefits.
* Upon return from leave, the employee will be reinstated to their previous position or a similar position, if available.

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