

## Leave(s) of Absence Request

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

To: HUMAN RESOURCES BENEFITS

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

Department: \_\_\_\_\_

Subject: LOA Request

Supervisor: \_\_\_\_\_

Begin Date: \_\_\_\_\_

Estimated Return to Work Date: \_\_\_\_\_

I am requesting a Leave of Absence for the following reasons:

Medical Leave {**Non FMLA Eligible**} {**Attach Physician Statement**}

Personal Leave {Policy 404} {**Attach Written Explanation of why Leave is needed**}

Military Leave {Policy 407- **first 18 days paid**} ch 