

Leave of Absence Form

For employees who want to take less than 5 months of leave

Submit this form to Accounting: Room #107

Employee: _____ Emp.# _____

Reason for leave:

Leave begins on ___/___/___ and ends on ___/___/___

I understand that if I do not return on or before the date indicated above, my employment will be terminated on the day I last worked. I also understand that I am eligible for rehire should I reapply in the future.

Employee Signature ___/___/___
Date

Supervisor Signature ___/___/___
Date

We will make our best effort to return you to your current position, but there is no guarantee that exact position will be available. In that case, we will make our best effort to find a suitable match.