

We Inspire Great Health!

Personal Leave of Absence Request

Absence Information	
Employee Name:	
Employee ID:	
Department:	
Manager:	
Dates of Absence: From:	To:
Reason for Absence:	
You must submit requests for absences, other than sick leave, two days prior to the first day you will be absent.	
Employee Signature	Date
HR Approval	
Approved	
Rejected	
Signature	Date
Comments:	