

**Employee Leave of Absence**

Today's Date: \_\_\_\_\_

Employee's Name: \_\_\_\_\_

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

Position: \_\_\_\_\_

Date of Hire: \_\_\_\_\_

Anticipated Date of Leave: \_\_\_\_\_

Expected Duration of Leave: \_\_\_\_\_

Reason for Leave: \_\_\_\_\_

Date Employer Became Aware of Need for Leave: \_\_\_\_\_

Prior Leaves of Absence in Past 12 Months: \_\_\_\_\_

\_\_\_\_\_

Date(s) of Medical Certification: \_\_\_\_\_

\_\_\_\_\_

Date(s) of Correspondence: \_\_\_\_\_

\_\_\_\_\_