



Leave of Absence Request Form

Employee Name:	Department:
Employee Title:	Supervisor Name:

Requests must be submitted to Supervisor or Department Head at least ten days prior to start of leave when possible. If the request for leave is more than 14 calendar days, the request must also be submitted to the Personnel Director.

Types of Leave:

- **Vacation** (must be submitted by the 15th of the month prior to the month of vacation)
- **Personal Leave without Pay**
- **Maternity** (confirm leave calendar with Payroll)
- **Personal Sick Leave**

Name of Doctor:		
Address:	Telephone Number:	
Doctor's Recommendation: _____		

Type of Leave	Dates of Requested Leave	Approved	Denied	Supervisor Initials	Personnel Director Initials
Vacation					
Personal Leave Without Pay					
Maternity					
Personal Sick Leave					

Employee Signature		Date:	
Supervisor Signature <small>(if not Department Head)</small>		Date:	
Department Head Signature <small>(For Rolling Hills, NHA must sign here)</small>		Date:	
Personnel Director Signature		Date:	

****All insurance related questions (Health, Dental, or Life) must be discussed with Payroll as soon as possible.****