

# LEAVE OF ABSENCE REQUEST

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## SECTION I – TO BE COMPLETED BY THE EMPLOYEE

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EMPLOYEE'S NAME :

EMPLOYEE CODE :

NAME OF THE COMPANY/DEPLOYED COMPANY :

DEPARTMENT :

TITLE :

- |   |
|---|
| <input type="checkbox"/> Initial Application                  |
| <input type="checkbox"/> Amendment to LOA that began on _____ |

Reason for Leave of Absence :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Request Start Date : \_\_\_\_\_

Anticipated return Date : \_\_\_\_\_

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A leave of absence is normally leave without pay. Paid leave (accrued sick/casual/paid leave) may be substituted for all or a portion of the unpaid leave in accordance with appropriate policies / contracts.

I wish to use paid leave as indicated below (if balance) :

\_\_\_\_\_ Number of days Begins on \_\_\_\_\_ (MM/DD/YYYY) and ends on \_\_\_\_\_

(MM/DD/YYYY)  Casual  Sick  Other

EMPLOYEE SIGNATURE :

DATE :

MOBILE NO:

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**SECTION II- TO BE COMPLETED BY THE COMPANY**

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APPROVAL/DENIAL OF LEAVE REQUEST

Your request for leave is approved for \_\_\_\_\_ days Begins on \_\_\_\_\_ (MM/DD/YYYY)  
and ends on \_\_\_\_\_ (MM/DD/YYYY)

Paid Leave                       Unpaid Leave

Your request for leave is not approved for the following reason (S):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Paid leaves balance as on date \_\_\_\_\_

DEPARTMENT SIGNATURE

NAME :

SIGNATURE :

DATE :