

# Extended Leave of Absence Request

## Request Information

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

Leave from: \_\_\_\_\_ To return: \_\_\_\_\_

Reason for request:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Paid leave to be covered by accumulated:

\_\_\_\_\_ Sick days      \_\_\_\_\_ Overtime days      \_\_\_\_\_ Vacation days

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

## Director Approval

Employee background:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Request (borrowed time, etc):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Agreement & Conditions:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approval:

Approval with pay       Approval without pay       Not approved

\_\_\_\_\_  
Director Signature

\_\_\_\_\_  
Date