

Leave of Absence Policy

Policy Number: HR-LOA-001

Effective Date: [Insert Date]

Applies To: All Employees

1. Purpose

This policy outlines the procedures and eligibility requirements for requesting and approving leaves of absence at [Company Name].

2. Scope

This policy applies to all full-time and part-time employees of [Company Name], unless otherwise stated in applicable employment agreements.

3. Types of Leave

Leave Type	Description	Maximum Duration
Annual Leave	Paid time off for personal, vacation, or rest purposes.	As per accrued balance
Sick Leave	Paid leave for illness or medical needs.	As per policy
Maternity/Paternity Leave	Paid or unpaid leave for new parents.	As per law/policy
Unpaid Leave	Leave without salary for personal reasons.	Up to 3 months
Bereavement Leave	Paid leave for death of immediate family member.	3-5 days

4. Eligibility

- Employees must have completed their probation period, unless otherwise required by law.
- Specific leave types may have additional eligibility criteria.

5. Request Procedure

1. Employees must submit a leave request in writing to their supervisor at least [X] days in advance, except in emergencies.
2. Supporting documentation may be required (e.g., medical certificate).
3. Supervisors will review and approve requests based on business needs and policy.
4. All leaves must be documented and recorded in the HR system.

6. Responsibilities

- **Employees:** Submit timely and accurate leave requests, provide documentation as required.
- **Supervisors:** Review, approve or deny leave requests, and ensure proper staffing coverage.
- **HR:** Maintain leave records and ensure compliance with applicable laws.

7. Related Policies

- Sick Leave Policy
- Attendance Policy
- Employee Handbook

8. Policy Review

This policy will be reviewed annually or as required by changes in legislation.

Approved by: [Approver's Name & Title]

Date: [Approval Date]