

# Workplace Leave of Absence Agreement

Employee Name:

Employee ID (if applicable):

Department/Position:

Type of Leave:

Reason for Leave of Absence:

Start Date:

End Date:

Expected Date of Return:

Terms & Conditions:

Employee Certification:

I hereby certify that the information provided above is true and accurate to the best of my knowledge. I agree to the terms and conditions outlined in this agreement.

Signature

Date

Manager/Supervisor Approval:

Signature

Date