

# 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**