

Formal Leave of Absence Request

Date: _____

To: _____

From (Employee Name): _____

Department/Position: _____

Dear _____,

I am writing to formally request a leave of absence from my position as _____ in the _____ department.

Type of Leave Requested: _____

Reason for Leave: _____

Leave Start Date: _____ **End Date:** _____

Total Days Requested: _____

Contact Information During Leave: _____

I will ensure that my duties are covered and will provide assistance in transitioning my responsibilities as needed.

Thank you for considering my request.

Sincerely,

Employee Signature

Date

For Office Use Only:

Approval Status: _____

Supervisor Signature: _____

Date: _____