

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: _____