



Request for General Leave of Absence

I request a leave of absence from _____ to _____ (maximum of 30 days) for:

I may elect to use Paid Time Off during this leave. I must make arrangements to pay benefit premiums to ensure benefit coverage continues. I will be responsible for the full leave of absence cost of benefits. I understand that I may not be reinstated to the same or equivalent position at the end of my leave if one is not available.

Employee Name (please print)

Employee Signature

Date

Supervisor Signature

Date

Department Head Signature

Date