

**LEAVE OF ABSENCE**  
**For all benefited and non-benefited employees**  
**(Without Pay)**

**NOTE:** If the reason for your leave is medical, please attach an Employee Work Restrictions form.

For benefited employees, leave of absence requests will be granted only after all earned vacation and floating holidays have been used. Employees on leave of absence without pay do not earn vacation or sick leave credits during the duration of their leave.

For medical leave, please attach doctor documentation of proof

EMPLOYEE: \_\_\_\_\_ DATE: \_\_\_\_\_

POSITION/TITLE: \_\_\_\_\_ DEPT: \_\_\_\_\_

First Day of Leave: \_\_\_\_\_

Last Day of Leave: \_\_\_\_\_

Total Expected Time Involved: \_\_\_\_\_ days

Reason for Leave: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I understand that should I wish to continue my insurance coverage during this period of absence, that it will be my responsibility to pay the entire cost on a monthly basis.

I further understand that failure to use this leave for the above stated purpose of failure to report for work on the next work day following expiration of this leave may cause my termination of employment.

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

APPROVED BY

SUPERVISOR: \_\_\_\_\_ DATE: \_\_\_\_\_

DEPARTMENT HEAD: \_\_\_\_\_ DATE: \_\_\_\_\_

HUMAN RESOURCES DIRECTOR: \_\_\_\_\_ DATE: \_\_\_\_\_