

Leave of Absence – Short Term Request

Name:

Date of Request:

Short term leave requested from

to

for the purpose of:

Employee Signature

Supervisor Signature

(From this point on - to be completed by Program Director / Executive Director only)

Indicate if additional information/verification required:

Not Approved: Reason:

Approved for (check applicable LOA):

Bereavement Leave immediate family (indicate number of paid days 3- 5)

Bereavement Leave extended family (1 paid day)

Bereavement Leave general (unpaid up to 3 days annually)

Elections (indicate number of hours paid – up to 3)

Personal Emergency Leave/Family Violence (up to 10 days unpaid)

Jury Duty (unpaid)

Citizenship Ceremony (1 day unpaid)

Family Responsibility Leave (up to 5 days unpaid-subject to 90 days prior employment)

Reservist Training (up to 20 days unpaid-subject to 90 days prior employment)

Extended Travel (accumulated vacation plus unpaid time not to exceed 6 weeks – additional letter required regarding benefits arrangements)

Program Director/Executive Director

Date

Binder(s):	Human Resources					Page:	1 of 1
Section(s):	Benefits	A	Mar 7/18				
Program Area(s):							