Leave Of Absence Application



Employee Name:	Date of request://
Please print	
I am requesting a leave of absence effereason:	ctive// for the following
	
I have been advised that my leave of ab	sence will be without pay.
I plan on returning to work on/	/
I understand that when I return to work position or a substantially equivalent	· ·
than Family Medical Leave, I will be re	y type of unpaid leave of absence, other sponsible for paying the total premiums for my dependents. Failure to do so may
No other representations or promises resecurity have been made to me as I am a time and capable of being terminated at acknowledge that if I breach any of the or if my leave request is granted but t misstated, the company has the right to immediate discharge.	n at-will employee, free to resign at any any time with or without cause. I representations contained hereinabove, he purpose or nature of the leave was
Employee Signature:	Date ://
Supervisor Signature:	Date :/