



**Extended Leave (non-medical)**

Employee Name: \_\_\_\_\_ Employee Number: \_\_\_\_\_ Dept. \_\_\_\_\_

Dates for Requested Leave:

Beginning \_\_\_\_\_ End (this will be the date you will return to work) \_\_\_\_\_

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

Review with your Supervisor time to be used (verify time available):

Vacation: #hrs available \_\_\_\_\_ #hrs to be used \_\_\_\_\_ Prog. Supervisor's initials \_\_\_\_\_ Supervisor's initials \_\_\_\_\_

Personal: #hrs available \_\_\_\_\_ #hrs to be used \_\_\_\_\_ Prog. Supervisor's initials \_\_\_\_\_ Supervisor's initials \_\_\_\_\_

Unpaid (becomes LOA): #hrs requested \_\_\_\_\_ Prog. Supervisor's initials \_\_\_\_\_ Supervisor's initials \_\_\_\_\_

***Note during unpaid portion it will be considered a Leave of Absence. If employee has benefits they will be required to pay full costs involved in benefits.***

\_\_\_\_\_ Employee Initial

Coverage of time:

Date(s): \_\_\_\_\_ Shift(s) \_\_\_\_\_ By: \_\_\_\_\_

Date(s): \_\_\_\_\_ Shift(s) \_\_\_\_\_ By: \_\_\_\_\_

Date(s): \_\_\_\_\_ Shift(s) \_\_\_\_\_ By: \_\_\_\_\_

\*use additional sheet if necessary

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Return date of: \_\_\_\_\_ and Request Approved By:

Site Mgr/Director: \_\_\_\_\_

***If unpaid time requested need to be approved by the following as well:***

Supervisor/Manager: \_\_\_\_\_

Vice President: \_\_\_\_\_

Director: \_\_\_\_\_

HR Director: \_\_\_\_\_

**Return this completed form Human Resources**

President/CEO: \_\_\_\_\_