



Request for a Leave of Absence (PLOA)

A Leave of Absence request form should be completed when an employee is or expects to be absent from work for one of the following reasons: personal, military, or other leaves (i.e., an absence due to illness for more than five consecutive workdays). The employee should complete the top portion and forward the request to their supervisor. The supervisor should then forward the request for the leave of absence to the Human Resources Department.

To be completed By the Employee:

Employee ID Number _____ Department _____

Name _____

I am requesting the following leave of Absence:

Medical Personal Military (Attach a copy of orders if available)

Other (Please Explain) _____

Beginning Date _____ Expected Return _____

Signature _____ Date _____

To be completed by the Supervisor; Department Head must also sign:

Approval Recommended Approval Not Recommended

Comments _____

Supervisor Signature _____ Date _____

Printed Name: _____

To be completed By Human Resources:

Approval Recommended Approval Not Recommended

Comments _____

HR Representative Signature _____ Date _____

Printed Name _____