**(Practice Name)**

**REQUEST FOR LEAVE OF ABSENCE**

Employee: _____ Position: _____

Type of leave requested *(Please review the Employee Handbook for policy guidelines for the following types of leave):*

☐ Medical Leave ☐ Military Leave ☐ Personal Leave

Reason for leave of absence: _____
*(If necessary, please attach an additional sheet of explanation for Medical or Personal Leave. Attach a copy of military orders for Military Leave.)*

*Employees requesting Medical Leave must attach a health-care provider's statement verifying the need for leave and its beginning and expected ending dates. Any changes in this information should be promptly reported.*

*Employees returning from Medical Leave must submit a health-care provider's verification of their fitness to return to work (including any limitations on the employee's ability to perform the essential duties of the job).*

Beginning date of leave: _____

Expected date of return: _____

Benefit Accrual:

Paid Time Off: Time earned _____ as of _____

Health Insurance: Company paid benefits expire (date): _____

Employee cost to continue benefits: _____

Payment due: _____

Employee Signature: _____ Date: _____

Manager's Approval: _____ Date: _____