



LEAVE OF ABSENCE REQUEST FORM

Name: _____ Department: _____

Company: _____ Employee Number: _____

EMPLOYEE	
Start date	
End date	
Return date	
Reason for leave	

HUMAN RESOURCES	
Number of days allowed by the leave	

APPROVAL			
Employee		Manager/Supervisor	
Financial/ Academic Direction		Human Resources	

Note:

Please remember that it is necessary to bring evidence of such license (medical certificate, marriage certificate, birth certificate, death certificate, etc.).