

### Request for Extended Leave

To be completed by employee and given to immediate supervisor. Immediate supervisor will sign and forward to the personnel division.

Name \_\_\_\_\_ date \_\_\_\_\_

Position \_\_\_\_\_ SS# \_\_\_\_\_

Reason for leave \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Note: If leave is for health an appropriate medical statement needs to be attached to this form.

1. My last actual work day will be \_\_\_\_\_

2. If leave is for health, do you plan to use sick leave/vacation days prior to beginning your unpaid leave of absence? \_\_\_\_yes \_\_\_\_no

3. My estimated date of return to work will be \_\_\_\_\_

\_\_\_\_\_  
Signature of employee \_\_\_\_\_ date \_\_\_\_\_

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