



Request for Leave of Absence

Employee's Name _____			Manager Name _____			Date Applied _____		
Type of Leave: Check One Below								
			Date Leave Starts			Expected Return Date		
<input type="checkbox"/> Employees Own Illness ¹			<input type="checkbox"/> Family Leave ¹			<input type="checkbox"/> Military (Attach a copy of orders)		
<input type="checkbox"/> Pregnancy & Child Birth ²			<input type="checkbox"/> Other			<input type="checkbox"/> Educational		
Reason For Leave: Provide a detail explanation below. If this request is for medical leave, please DO NOT include specific medical information. If intermittent, include proposed schedule.								
Is this an extension of a current leave? <input type="checkbox"/> Yes <input type="checkbox"/> No								
If yes, original dates were from _____ to _____								
Agreement: I have read and understand the Saligram Systems Inc policy concerning leave of absence and certify the above information is true and complete. I understand that, if possible, I am expected to contact my designated company representative at least one (1) week prior to my expected return date to confirm my availability. If I do not contact my designated company representative on or before the above return date I am considered to have voluntarily resigned on the scheduled last day of the leave. A request for an extension of my Leave of Absence must be received prior to the expiration of the original LOA. Any extension of a Medical LOA must be accompanied by a written statement by my attending physician.								
Employee's Signature _____						Date _____		