



Leave of Absence Form

Please complete this form and submit to your manager for approval. If you have any questions, please call HR/Administration at 510.396.0821.

Name: _____ Project/Location: _____
Dates Applied For: _____
From: to: _____
Total No Of Days: _____
Type of Leave:
<input type="checkbox"/> Sick
<input type="checkbox"/> Vacation (<i>check one</i>)
<input type="checkbox"/> Visiting family and friends within US
<input type="checkbox"/> Visiting family and friends outside US (specify country) _____
<input type="checkbox"/> Going for Visa Stamping (specify country) _____
<input type="checkbox"/> Personal Time-Off (<u>within US Only</u>)
<input type="checkbox"/> Maternity
<input type="checkbox"/> Bereavement
<input type="checkbox"/> Others (explain)

Employee's Signature: _____ Date: _____

(This portion to be filled out by employee's manager)		
Was this expected in advance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is this application paid or unpaid?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is this application approved?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Manager's Signature: _____	Date: _____	