



**LEAVE OF ABSENCE REQUEST**

Name \_\_\_\_\_

Department \_\_\_\_\_ Branch \_\_\_\_\_

Leave Requested from \_\_\_\_\_ to \_\_\_\_\_ Total Days \_\_\_\_\_

Recommendatons/Approvals

Type of Leave	Branch Head	Division Head	EA/ CST HR Consultant (Sign if Reviewed or Processed )	Chair, PSC (Or designate)
Definite Leave 30 Calendar Days or Less				
Definite Leave of 31 to 90 Calendar Days				
Definite Leave of more than 90 Calendar Days (Maximum - 1 year)				
Indefinite Leave				
Pressing Necessity				
Personal/Family Leave (Maximum 5 days per fiscal year)				
Maternity Leave				

Explanation:

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**NOTE: Please return original to HR Client Service Team for filing.**