

Yavapai College
Leave Of Absence Request

1 Name			
2 Today's Date			Employee ID:
3 LOA Type:	<input type="checkbox"/> Personal	<input type="checkbox"/> Military	
	<input type="checkbox"/> Medical Leave (Note: Physicians statement must accompany medical LOA)		
	<input type="checkbox"/> Other _____		
4 Salary Status	<input type="checkbox"/> Paid Leave	<input type="checkbox"/> Unpaid Leave	<input type="checkbox"/> Other _____
5 Vacation / Sick Time	<input type="checkbox"/> Use Vacation Time <input type="checkbox"/> Use Sick Time		
HR / Payroll Use only			
6 LOA Begin / Effective Date:			
7 Expected to Return Date:			
8 LOA Actual Return date:			

9 **Comments** (Brief description of leave arrangements, explain further reason for leave, etc.)

Approvals:

Supervisor	Date
Director / Dept Head / Division Asst Dean	Date
Dean	Date
Vice President	Date
Human Resources	Date