



Sriven Systems, Inc.

A Company for all your IT needs...

LEAVE OF ABSENCE REQUEST FORM

SECTION I. EMPLOYEE INFORMATION

Employee Name: _____

Employee ID or SSN: _____

Employee Signature: _____

SECTION II. LEAVE INFORMATION

Dates of Leave: From: _____
(first day of leave)

To: _____
(proposed return to work date)

Reason for Leave (check one):

Extended Vacation

Medical/Health

Maternity/Birth

Sabbatical

Other (please explain) _____

FOR OFFICE USE ONLY

Leave Request Approved: YES NO

Authorized by: _____

Date: _____