

Leave of Absence Request

Architectural Research Consultants, Inc

Employee: _____ Date _____

To be completed by Employee

Leave to Start _____ Return date _____ With Pay
 Without Pay

All requests for paid or unpaid Leave of Absence must be accompanied by the appropriate documentation (doctor's certification, military orders, subpoena).

- | | |
|--|--|
| <input type="checkbox"/> Medical | <input type="checkbox"/> Maternity |
| <input type="checkbox"/> Job related | <input type="checkbox"/> Adoption |
| <input type="checkbox"/> Not job related | <input type="checkbox"/> Jury Duty |
| <input type="checkbox"/> Military | <input type="checkbox"/> Personal |
| <input type="checkbox"/> Marriage | <input type="checkbox"/> Death in Family |
| <input type="checkbox"/> Education | <input type="checkbox"/> Other _____ |

I make this request for a Leave of Absence with the full understanding that my current job may be eliminated during the term of my leave of absence or that the vacancy created by my absence may be filled by another employee. I further understand that should my current job be eliminated or filled by another employee, I may be considered for other positions within the company that would be comparable to my former position. In the event that no such comparable position is or becomes available during the one-month period following the termination of my leave of absence, my status will be changed to that of a terminated employee.

I also understand that if I do not return ready to work on the above date, or contact my supervisor or manager, I will be considered to have abandoned my job. If on medical leave, I understand that in order to be considered ready to work, I am required to submit a Doctor's note stating my work will not be harmful to my health.

Employee's Signature: _____ Date _____

Leave Approval

Supervisor's Signature: _____ Date _____

Payroll Instructions
