

Personal Leave Form Template

Employee Information

- Employee Name: _____
- Employee ID: _____
- Department: _____
- Position: _____

Leave Details

- Reason for Leave: (e.g., medical, personal, family matter)
 - Medical
 - Personal
 - Family Matter
 - Other (Please Specify): _____
- Start Date of Leave: _____ (MM/DD/YYYY)
- End Date of Leave: _____ (MM/DD/YYYY)
- Total Number of Leave Days: _____

Additional Comments

- Comments: (Please provide any additional information relevant to your leave request)
 - _____
 - _____

Contact Information During Leave

- Phone Number: _____
- Email Address: _____

Approval (For Office Use Only)

- Supervisor's Name: _____
- Decision:
 - Approved
 - Denied
- Comments:
 - _____
 - _____

Employee's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

Instructions: Please fill out this form completely and submit it to your immediate supervisor at least [specify number] days in advance of the proposed start date of your leave. If you are requesting leave for medical reasons, please attach any necessary medical documentation to support your request.

Thank you for submitting your personal leave request. Your supervisor will review your request and notify you of the decision as soon as possible. If you have any questions or need further assistance, please contact the HR department.