



ENTERPRISE SOLUTIONS, INC.

500 East Diehl Road, Suite # 130
Naperville, IL 60563
Ph: 630-955-5984
Fax: 630-955-5990

Request for Leave of Absence

Employee Name: _____
Manager Name: _____
Date Applied: _____

Type of Leave (Please check appropriate reason)

Medical Leaves:

Non-Medical Leaves:

Medical Maternity
 Industrial (Work Related)
 Other Medical Disability (Non-Work Related)
 Sick
 Medical Maternity without Pay
 Leave without Pay

Family
 Jury Duty
 Personal
 Military

First Day of Leave: _____

Last Day of Leave: _____

Number of Days of leave: _____

Please coordinate with my PTO hours: Yes No

Agreement

I understand that, if possible, I am expected to contact my designated company representative at least one (1) week prior to my expected return date to confirm my availability. If I do not contact my designated company representative on or before the above return date I am considered to have voluntarily resigned on the scheduled last day of the leave. A request for an extension of my Leave of Absence must be received prior to the expiration of the original LOA. Any extension must be approved by my designated company representative. An extension of a Medical LOA must be accompanied by a written statement by my attending physician.

I have read and understand the above information.

Employee's Signature Date

Manager's Signature Date