

# LEAVE OF ABSENCE LETTER

To: \_\_\_\_\_

Position/Department: \_\_\_\_\_

From: \_\_\_\_\_

Position/Department: \_\_\_\_\_

**Subject:**

Request for Leave of Absence

**Dear [Supervisor's Name],**

I am writing to formally request a leave of absence from my position at [Company Name], effective from [Start Date] through [End Date]. The purpose of this leave is to attend to personal matters that require my full attention.

During this period, I intend to ensure that all my current responsibilities are either completed or delegated appropriately. I am committed to making the transition as smooth as possible and will provide detailed handover notes to my colleagues.

Please let me know if you require any additional information or documentation to process my request. I am available to discuss this matter further at your convenience.

**Terms and Conditions:**

**1. Leave Duration and Approval**

The leave period requested shall not exceed the duration specified above unless otherwise approved in writing by the Company. Approval of this leave is subject to Company policies and operational requirements.

**2. Compensation and Benefits**

The leave of absence may be paid or unpaid as per Company policy and applicable law. Employee benefits, including but not limited to health insurance and retirement contributions, shall continue or be suspended in accordance with Company policy and legal requirements.

**3. Job Protection and Return to Work**

Subject to applicable law, the Employee's position will be held for the duration of the leave. The Employee agrees to notify the Company promptly in the event of any changes to the leave status and will return to work on the agreed date unless otherwise agreed.

**4. Compliance with Law and Policy**

The Employee agrees to comply with all Company policies, procedures, and applicable federal, state, and local laws related to leave of absence.

**5. Documentation**

The Employee acknowledges that the Company may require supporting documentation for the leave request and agrees to provide such documentation in a timely manner.

**6. Confidentiality**

Any personal or medical information provided in connection with this leave request will be treated as confidential in accordance with applicable laws and Company policies.

**7. Termination**

Failure to return to work upon expiration of the approved leave, without proper notification or approval, may result in termination of employment.

**8. Governing Law**

This leave of absence request and any related approvals shall be governed by and construed in accordance with the laws of the United States and applicable state laws.

Thank you for your consideration of this request. I look forward to your response and hope for a favorable approval.

**Employee Signature**

**Supervisor Signature**

Date: \_\_\_\_\_

Date: \_\_\_\_\_

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