

**\*\*Professional Administrative Leave Request Form\*\***

---

**\*\*Employee Information:\*\***

- Name: \_\_\_\_\_
- Employee ID: \_\_\_\_\_
- Department: \_\_\_\_\_
- Supervisor: \_\_\_\_\_
- Position: \_\_\_\_\_

---

**\*\*Leave Details:\*\***

- Type of Leave Requested:
  - Medical
  - Personal
  - Bereavement
  - Other: \_\_\_\_\_
- Start Date of Leave: \_\_\_\_\_
- End Date of Leave: \_\_\_\_\_
- Total Number of Days: \_\_\_\_\_

---

**\*\*Reason for Leave:\*\***

\_\_\_\_\_

---

**\*\*Supporting Documentation:\*\***

(Attach any relevant documents, such as medical certificates, if applicable)

---

**\*\*Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_ \*\***

---

**\*\*Supervisor Approval:\*\***

- Supervisor Name: \_\_\_\_\_
- Signature: \_\_\_\_\_ Date: \_\_\_\_\_

---

**\*\*HR Department Use Only:\*\***

- Received by: \_\_\_\_\_ Date: \_\_\_\_\_
- Approved: Yes No
- Comments: \_\_\_\_\_

---

**\*\*Decision Notification Date: \_\_\_\_\_ \*\***

---

**\*\*Important Notes:\*\***

- Please submit this form at least two weeks prior to the requested leave date.
- Ensure all sections are completed to avoid delays in processing.