

**REQUEST FOR LEAVE OF ABSENCE FORM
TRANSPORTATION DEPARTMENT**

PART 1: To be completed by employee: # of Days: _____

Name: _____ Date (s) Requested: _____

Position: _____

Type of Leave (*refer to reference sheet*): _____ Article/Section: _____

Is this for an appointment? Yes No

Who is this appointment for? (check one):
 Self Spouse Other (indicate): _____

Location of Appointment: _____ Appointment Time: _____

Other pertinent information (please attach if insufficient space):

Is a Spare Driver required? Yes No Name of Spare Driver: _____

IMPORTANT: A doctor's note must be submitted if medical leave request is for 3 or more consecutive working days. Unsupported absences will result in a loss of pay.

Employee Signature: _____ Date: _____

PART 2: To be completed by the Human Resources Department Agreement: _____

Date Received: _____ LOA Bank Available? Yes No Initials: _____

PART 3: To be completed by the Transportation Department

Approved With Pay Approved Without Pay Denied

Transportation Manager Signature: _____ Date: _____

Request for Leave of Absence Form is to be faxed to Central Office @ 1-866-473-4773 for final approval. If denied, the Transportation Department will contact you.