

Educational Leave of Absence Agreement

Name: _____

Employee ID: _____

Location/Store Number: _____

Position: _____

This leave must be approved PRIOR to going out on a leave of absence.

I request permission to take an Educational Leave of Absence beginning _____ and ending _____, to accommodate my full time school schedule.

I understand that if I return to work on or before the ending date noted above, I would be able to return to my current position, or if that has been filled, the next available position. Further, I understand that if I do not return to work by the ending date noted above, the Company would consider my absence a voluntary resignation.

Date _____ Signature _____

Management Approval:

Name _____ Title _____

Date _____ Signature _____