

## Personal Leave of Absence Agreement

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

I, \_\_\_\_\_, request permission to take a personal leave of absence beginning \_\_\_\_\_ and ending \_\_\_\_\_.

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

My health and welfare benefits, for example, medical, dental, etc., (if eligible) may be continued, provided that I prepay my contributions during the leave period. A minimum of 4 weeks' contribution must be paid at the beginning of my leave and every 4 weeks thereafter.

Date \_\_\_\_\_ Signature \_\_\_\_\_

### **Management Approval:**

By \_\_\_\_\_ Title \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

By \_\_\_\_\_ Title \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_