MousePaw Media Leave of Absence Request

Date:
Employee Name:
Employee ID:
Supervisor:
Leave Type ☐ Personal ☐ Academic/Work ☐ Medical/Emergency ☐ Filed After the Fact
Start Date: Return Date:
Use Wellness Time?: hours Use Sick Time?: hours May be used for any reason. May only be used for medical (self/family) or emergency.
Details
Supervisor Use Only ☐ Approved ☐ Denied
Start Date: Return Date:
Absence Duration: hours
Time-Off Allotment Use Vacation: Use hours Borrow: hours Grant: hours
Sick: ☐ Use as above. Borrow: hours Grant: hours
Wellness: ☐ Use as above.
Details

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By signing this form, you, the employee, confirm that you understand and agree to the following terms of the Leave of Absence.

During the approved time period, you are released from all duties relating to your employment at MousePaw Media, including check-in emails, time requirements, and meetings.

The following terms apply to your Leave of Absence; however, if this form is being filed after the fact in relation to authorized use of Sick Time, the following terms do not apply to you.

On the specified return date, you must contact your supervisor in email, by phone, or in person before 11am Pacific Time. Extensions to leave of absence must be requested and submitted separately on a fresh copy of this form.

If you are under contract, your Time-Off Allotments will be used to cover your time commitments during your Leave of Absence, as indicated by your supervisor on the finalized request. The balance of any Time-Off not used during this Leave of Absence will be credited back to you.

Failure to contact your supervisor by the return date shall be considered an unauthorized absence, and failure to resume duties of employment following this and immediately subsequent leave(s) of absence shall be considered grounds for termination of employment.

Date
Date