F104 1 1

Start Date of Leave	Return to Work Date	Number of Days
Employee's Signature		Date
	FOR OFFICIAL USE ONLY	
Approved: Yes No	Period Approved:	
Supervisor's Signature		Date
Executive Administrative Assistant's Signature		Date

Details of leave:

Type of Leave of Absence Medical 1 Vacation Casual Special Study Maternity Bereavement 1 Other

WEST INDIES SCHOOL OF THEOLOGY **Employee Leave of Absence Request**

Instructions:

All leave must be preapproved except in the case of an emergency. Leave of Absence Request forms should be submitted at least 72 hours before the actual date of leave. Leave will be granted in accordance with the WIST Leave Policy. Please note that all medical leaves of absence require certification from a doctor after two days, in order to return to work.

Employee Name

Date

Job Title