



Town of Wilkesboro

Employee Leave of Absence Form

When an employee request a Leave of Absence, this form will be filled out and presented to the payroll department before the start date of the leave of Absence. The payroll department will not process the request until all information is provided.

Part I -To be filled out by Employee

Name (First, Middle Initial, Last) _____

Leave of Absence Start Date _____ End Date _____

Reason _____

Employee Signature: _____ Date: _____

Part II-To be filled out by Supervisor

Employee Number _____ Department # _____

Reason _____

Will Employee receive benefits ____ Yes ____ No What _____

What was the date of the notice if applicable _____

Notes: _____

Supervisor Signature: _____ Date: _____

Part III - To be filled by Payroll

Received _____ Employee # _____ processed by _____ Date _____

Was all documentation attached to form ____ Yes ____ No

Notes: _____
