

# Compassionate Leave of Absence Request

Employee Name: \_\_\_\_\_

Position/Department: \_\_\_\_\_

Employee ID: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Leave Start Date: \_\_\_\_\_

Leave End Date: \_\_\_\_\_

Total Days \_\_\_\_\_

Requested: \_\_\_\_\_

Reason for Leave:

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## Contact Details

During Leave:

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## Supporting

Documentation:

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(Attach documents if available)

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor/Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Important Notes:

- Compassionate leave is generally granted for serious personal or family emergencies.
- All information provided will be kept confidential in accordance with company policy.
- Supporting documents may be required to process your request.
- Ensure notification is given as early as possible to allow for work adjustments.
- This form submission does not guarantee approval; management will review each case individually.