

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:

Contact Details

During Leave:

Phone: _____

Email: _____

Supporting

Documentation:

(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.