Leave of Absence Form (LOA)

Employee Name: _____ **Date of Hire**: _____

Department: _____ Job Corps Center:_____

	Pay Period Week One			Pay Period Week Two		
Day	Date	# of Hours	LOA Reason	Date	# of Hours	LOA Reason
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
*Weekly Total # of Hours		*			*	

LOA REASON CODES

PV - Paid Vacation
PS - Paid Sick **(attach doctor's note if over 3 days)**
PJ - Paid Public Service Leave (***attach copy of Summons for Jury or Witness Duty***)
IW- Inclement Weather (hours will be charged to sick time)
PB- Bereavement – **Please respond to the following questions**: *Relationship to deceased*: _____; *Date of funeral*: _____; and *Location City, State*):_____ **Required- Please give your Project Director a copy of the Obituary or funeral program upon return from approved bereavement leave.**
ML - Military Leave **(attach copy of Orders)**
OP – Other Pay
LWOP - Personal Leave without pay
MLWOP – Medical Leave without pay (***attach doctor's statement if over 3 days)***

- ❑ Short-term Disability (***paid via third party administrator; attach copy of STD paperwork***)
- ❑ Long-term Disability (***paid via third party administrator; send copy of LTD paperwork to OMG***)

Employee Signature: _____ Date: _____

Approvals:

Supervisor Signature: _____ Date: _____

Manager/Director Signature: _____ Date: _____

Requesting Leave without Pay (LWOP) Approvals:

Center Director Signature: _____ Date: _____

HR Manager Signature: _____ Date: _____

4/10/2013- OMG – 19B

Payroll Use Only

Total hours: _____ Sick Time, Vacation, Other or Unpaid (circle one) Pay date charged: _____

Total hours: _____ Sick Time, Vacation, Other or Unpaid (circle one) Pay date charged: _____