

LEAVE OF ABSENCE AGREEMENT

Employee Name: _____ Employee ID: _____

Employer Information:

Company Name: _____

Supervisor Name: _____

Department: _____

Leave Details:

Type of Leave: _____

Leave Start Date: _____ Leave End Date: _____

Reason for Leave: _____

Terms and Conditions:

1. Approval: The Employee's request for leave is subject to approval by the Employer according to company policies and applicable laws. 2. Leave Duration: The Employee agrees to return to work immediately after the end of the approved leave period. Failure to do so may result in disciplinary action. 3. Compensation: Leave may be paid or unpaid according to the type of leave requested and in compliance with applicable federal and state laws. 4. Benefits: The Employee's benefits during the leave period shall be maintained or suspended in accordance with company policies and legal requirements. 5. Notice: The Employee shall provide reasonable advance notice of the leave request unless unforeseen circumstances prevent such notice. 6. Certification: The Employer may require reasonable documentation or certification supporting the leave request, including medical certification if applicable. 7. Job Protection: The Employee's position or an equivalent position will be held in accordance with applicable laws such as the Family and Medical Leave Act (FMLA) and other relevant statutes. 8. Return to Work: Upon return, the Employee shall provide any required documentation certifying fitness to resume duties as required by the Employer. 9. Compliance: The Employee agrees to comply with all Employer policies during the leave period. 10. Termination: The Employer reserves the right to terminate employment for cause or as permitted by law during or following the leave period. 11. Confidentiality: Information regarding the Employee's leave and related health or personal matters shall be kept confidential to the extent required by law. 12. Governing Law: This Agreement shall be governed by the laws of the United States and the state in which the Employer operates, without regard to conflict of law principles.

Acknowledgment:

By signing this Leave of Absence Agreement, the Employee acknowledges that they have read, understood, and agree to comply with the terms and conditions set forth herein. The Employee affirms that all information provided in connection with the leave request is true and accurate to the best of their knowledge.

EMPLOYEE SIGNATURE

EMPLOYER REPRESENTATIVE SIGNATURE

Signature: _____

Signature: _____

Date: _____

Date: _____

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