



## Leave of Absence Form

Please complete this form and submit to your manager for approval. If you have any questions, please email HR/Administration at [hr@standav.com](mailto:hr@standav.com) and cc [immigration@standav.com](mailto:immigration@standav.com) if you are on a visa.

**Name:** \_\_\_\_\_ **Project/Location:** \_\_\_\_\_

**Dates Applied For:** \_\_\_\_\_

**From: to:** \_\_\_\_\_

**Total No Of Days:** \_\_\_\_\_

**Type of Leave:**

Sick

Vacation (*check one*)

Visiting family and friends within US

Visiting family and friends outside US (specify country) \_\_\_\_\_

Going for Visa Stamping (specify country) \_\_\_\_\_

Personal Time-Off (within US Only)

Maternity

Bereavement

Other (explain)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Employee's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(This portion to be filled out by employee's manager)

**Was this expected in advance?**                       **Yes**                       **No**

**Is this application paid or unpaid?**                       **Yes**                       **No**

**Is this application approved?**                       **Yes**                       **No**

**Manager's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_