128 Chestnut Street
Atrium at Olde City
Philadelphia, PA 19106
Office: 215-238-9270 Fax: 215-238-9733

MFR CONSULTANTS, INC.
REQUEST FOR LEAVE OF ABSENCE

NAME ___ _____ TITLE __ _____

ADDRESS_____

TELEPHONE_____

LEAVE Start Date_____ End Date_____

TYPE OF LEAVE (please put a '✓'):

☐ Personal ☐ Jury duty ☐ Military ☐ Family Emergency
☐ Training/Education ☐ Worker's Comp ☐ Other

DESCRIPTION_____

I agree to return to work on_____. If I am unable to return on this date I will notify my supervisor as soon as possible. If I fail to report back to work or to request an extension within three (3) days from the date which I am to return, then I may be considered as taking an unapproved leave of absence and I may be subject to disciplinary action, up to and including termination.

_____ _____
Employee Signature Date

FOR MFR USE ONLY

Request **approved** ☐ Paid Leave: Yes ☐ No ☐

Documentation required? Yes ☐ No ☐

If 'YES' then indicate type of document _____

Request **denied** ☐

Reason for denial: _____

_____ _____
Manager Name Manager Signature

_____ _____
Manager Title Date