WEEKLY LEAVE OF ABSENCE FORM

PLEASE COMPLETE EVERY FRIDAY AND RETURN TO LEANNE IN THE SAN ANTONIO OFFICE

Date: _____

Terminal: _____

Person completing form: _____

Employee First & Last Name	**Date Leave Began (Date following last full-day worked)**	**Return Date Full-Duty Release and a Return-To-Work Certification**	**Reason for Leave (explain in short detail)**	**Type of Leave Medical or Personal (Medical Leave Request) Workers' Comp Injury (1st Report of Injury)**