

LOA Request Form
Email completed for to HR@PinnaclePays.com

Company:			 	
Employee Name:				-
Mailing Address:				_
City		State	Zip	•
Employee Phone:	Personal Em	ail:		
Supervisor:				
Job Title:				
Date of Hire:	□ Full Time	□ Part Time		
Normal Work Schedule:				
Reason for LOA:				
Last Day Worked:				
First Day Out of Work:				
Estimated Return to Work: _				
Employee Signature:			Date:	
Supervisor Signature:			Date:	
Pinnacle Use Only				
Date Received:	Received by:			