

Leave of Absence Request Form

Email the completed form to HR@PinnaclePays.com upon completion.



Employee Information

Employee Name:

Employee's Date of Birth:

Job Title:

Location:

Supervisor's Name:

Date of Hire:

Normal Work Schedule: SUN MON TUE WED THU FRI SAT

Employment Type: FULL TIME PART TIME PER DIEM

Leave of Absence Information

Reminder: You are not required to provide specific medical diagnoses or personal health details on this form.

- LOA Type:
- Disability (self)
 - Baby Bonding - Maternity
 - Baby Bonding - Paternity
 - Providing Care for a Family Member
 - Military Leave (self or family)
 - Covid-19 (self or child)

Last Day Worked:

First Day Out of Work:

Return to Work Date:

Please provide details of the Leave of Absence: