



PTO Leave of Absence Request Frm

How to com	olete this	form:
------------	------------	-------

This form is for <u>USA Health</u> employees only.

Under Employee Information, enter your contact information. Do not leave any section blank. Communications will be sent via email. Email address is required.

Under <u>Leave Information</u>, answerall questions. Leave start date and end date are required. or

	_