

Compassionate Leave Application

Your Name

Your Address

Your City, State, Zip Code

Email: your_email@example.com

Phone: (123) 456-7890

Date: [Insert Date]

Manager's Name

Social Service Agency Name

Agency Address

City, State, Zip Code

Dear [Manager's Name],

I am writing to formally request a compassionate leave of absence from my position at [Agency Name] due to [brief explanation of the situation, e.g., a family member's illness or passing]. This situation requires my immediate attention and presence.

I kindly request leave starting from [start date] to [end date]. I will do my best to ensure a smooth transition of my responsibilities, and I am willing to assist with any necessary briefings prior to my leave.

Thank you for considering my request during this challenging time. I look forward to your understanding and support.

Sincerely,

[Your Name]

[Your Job Title]