



## REQUEST FOR LEAVE OF ABSENCE FORM

EMPLOYEE INFORMATION									
<b>Employee Name</b>					<b>Employee ID#</b>				
<b>Home Address</b>				<b>City</b>		<b>State</b>		<b>Zip</b>	
<b>Job Title</b>			<b>Phone</b>			<input type="checkbox"/> Home		<input type="checkbox"/> Cell	
<b>Hire Date</b>		<b>Program</b>		<b>Have you taken leave under FMLA in the past 12 months?</b>				<input type="checkbox"/> YES <input type="checkbox"/> NO	
ABSENCE INFORMATION									
<input type="checkbox"/> Initial Request		<input type="checkbox"/> Extension Request		<b>Requested Start Date:</b>			<b>Anticipated Return Date:</b>		
TYPE OF LEAVE									
Approvals for an Extended Leave of Absences will be at the discretion of the Department Head. Leave of Absences without pay will be generally approved only for Serious Health Conditions for a reasonable amount of time.									
<input type="checkbox"/> Family Medical Leave with Pay (12 week entitlement) <input type="checkbox"/> Family Medical Leave without Pay <input type="checkbox"/> FMLA Intermittent Leave Absence (information required below) <input type="checkbox"/> Contingent Leave without Pay (not to exceed 12 -24 months)					<input type="checkbox"/> Authorized Regular Leave with Pay <input type="checkbox"/> Authorized Regular Leave without Pay <input type="checkbox"/> Authorized Short Term Leave w/o Pay (less than 15 calendar days) <input type="checkbox"/> Unauthorized Short Term Leave without Pay				
<i>For Intermittent Absences, describe your intermittent or reduced work schedule (e.g., "up to 2-3 sick days a month per doctor"). This must be medically necessary and documented in a current medical certification form from your health care provider.</i>									
REASON FOR LEAVE									
Please indicate the applicable reason for your leave below:									
<input type="checkbox"/> Employees Own Serious Health Condition ( <b>not work related</b> )* <input type="checkbox"/> Care for Parent, Spouse, Child with a Serious Health Condition* * <b>For leave due to your own or a Family Member's Serious Health Condition, a Medical Certification form is required.</b> <input type="checkbox"/> A completed Medical Certification form is attached. <input type="checkbox"/> I will submit a Medical Certification form within 15 days to my department.									
<input type="checkbox"/> Workplace Injury / Worker's Compensation <input type="checkbox"/> Pregnancy Leave <input type="checkbox"/> Care for Newborn/Placed Child					<input type="checkbox"/> Personal Leave (Non-Medical Reason) <input type="checkbox"/> Military Leave: Active Duty <input type="checkbox"/> Military Caregiver or FML				
REASON FOR LEAVE									
DISABILITY BENEFITS									
<input type="checkbox"/> I will file a claim for Short/Long Term Disability Insurance Benefits – (Short/Long Term Disability & sick leave cannot be used at the same time)									
TIME OFF									
A leave of absence may consist of leave without pay and/or paid leave (vacation, sick leave, and special holiday). Paid leave may be used in accordance with applicable policy. You may use paid leave to cover the seven (7) day waiting period for Disability benefits. I request to use the following leave categories:									
<b>Type</b>		<b>Number of Hours</b>		<b>Dates: From</b>			<b>Through</b>		
Annual Leave									
Sick Leave									
Deferred Holiday									
Leave w/o Pay									
<input type="checkbox"/> I have verified that I have sufficient accrued leave to take the above requested paid leave.									
Employee Signature:					Date:				
Official Action on Request									
Official Action on Request: <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED					Official Action on Request: <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED				
Supervisor Signature:			Date:		Manager/Director:			Date:	
Official Action on Request: <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED					Official Action on Request: <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED				
Program Director Signature:			Date:		HR Approval:			Date:	
TO BE COMPLETED BY HUMAN RESOURCES									
<input type="checkbox"/> Employee Not Eligible for FMLA <input type="checkbox"/> Employee has exhausted FMLA entitlement				Notes:					