REQUEST FOR LEAVE OF ABSENCE FORM

EMPLOYEE INFORMATION							
Employee Name					**Employee ID#**		
Home Address		**City**		**State**		**Zip**	
Dept		**Job Title**		**Phone**		☐ Home ☐ Cell	

ABSENCE INFORMATION					
☐ Initial Request	☐ Extension Request	Requested Start Date:		Anticipated Return Date:	

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.

☐ Family Medical Leave with Pay (12 week entitlement)	☐ Authorized Regular Leave with Pay
☐ Family Medical Leave without Pay	☐ Authorized Regular Leave without Pay
☐ FMLA Intermittent Leave Absence (information required below)	☐ Authorized Short Term Leave w/o Pay (less than 15 calendar days)
☐ Contingent Leave without Pay (not to exceed 12 -24 months)	☐ Unauthorized Short Term Leave without Pay

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.

REASON FOR LEAVE

Please indicate the applicable reason for your leave below:

☐ Employees Own Serious Health Condition (**not work related**)*

☐ Care for Parent, Spouse, Child with a Serious Health Condition*

**** For leave due to your own or a Family Member's Serious Health Condition, a Medical Certification form is required.***

☐ A completed Medical Certification form is attached.

☐ I will submit a Medical Certification form within 15 days to my department.

☐ Workplace Injury / Worker's Compensation	☐ Personal Leave (Non-Medical Reason)
☐ Pregnancy Leave	☐ Military Leave: Active Duty
☐ Care for Newborn/Placed Child °	☐ Military Caregiver or FML

REASON FOR LEAVE

DISABILITY BENEFITS

☐ 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:

Type	Number of Hours	Dates: From	Through
Annual Leave			
Sick Leave			
Deferred Holiday			
Leave w/o Pay			

☐ **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: ☐ APPROVED ☐ DENIED	Official Action on Request: ☐ APPROVED ☐ DENIED
Supervisor Signature: Date:	Manager/Director: Date:
Official Action on Request: ☐ APPROVED ☐ DENIED	Official Action on Request: ☐ APPROVED ☐ DENIED
Program Director Signature: Date:	HR Approval: Date:

TO BE COMPLETED BY HUMAN RESOURCES

☐ Employee Not Eligible for FMLA ☐ Employee has exhausted FMLA entitlement	Notes: