



LEAVE OF ABSENCE REQUEST FORM

I _____ Social Security #: _____ - ____ - _____
(Employee Name)

Department: _____ hereby request a Leave of Absence for the reason stated below. The leave will commence on _____ and terminate on _____. If requesting an intermittent leave, please describe the anticipated schedule: _____

Nature of Leave (Please Check One):

- | | |
|-----------------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Temporary Leave of Absence | <input type="checkbox"/> Jury Duty |
| <input type="checkbox"/> Family and Medical Leave* | <input type="checkbox"/> Military Duty |
| <input type="checkbox"/> Short Term Disability | <input type="checkbox"/> Bereavement Leave |

**Under the Family & Medical Leave Act of 1993, an eligible employee (one who has been employed for at least 52 weeks and who has worked 1250 hours in the past 52 weeks) is entitled to up to 12 weeks of unpaid leave in any 52-week period for birth of a child (including placement for adoption or foster care) or to care for a spouse, son, daughter, or parent who has a serious health condition, or for the employee's own serious health condition which renders them unable to perform his/her job.*

Requests for Family & Medical Leave should be accompanied by documentation to support the leave request. This could include medical evidence of a serious health condition, birth certificate, adoption papers, etc.

Employee's Signature: _____

Supervisor's Signature: _____

Available Vacation Time: _____ Available Sick Leave: _____

To Be Completed by Human Resources:

Action Taken:

_____ **Leave Approved** _____ **Leave Denied**

Reason for Denial: _____

Signature: _____ Date: _____