Leave Request Form

Long Term LOA – Unpaid Leave – Intermittent Leave

PLEASE READ ALL INSTRUCTION - Long-term absences (over 5 days) and/or ALL unpaid absences must be approved by your supervisor and the Human Resources Department at least 30 days prior to the leave date(s) when possible, or as soon as practicable. Complete this form with as much detail as possible. If you wish to submit a confidential explanation, you can attach the explanation in an envelope marked confidential. Please check your available leave time **before** making a request. **If your absence will be longer than your leave balance allows, the leave must be approved by Human Resources before it is taken, or before non-refundable plans are made**. For medical or family leave, a Health Care Provider statement is **REQUIRED** to approve the absence and a Doctor's Release for Work form **must** be provided to return to work.

A - EMPLOYEE INFORMATION

Employee Name (Last, First, Middle Initial)	**Employee Number**	**Bargaining Unit**	
Home Address	**City**	**State**	**Zip**
Job Title / Department	**Telephone Number** ☐ HOME ☐ CELL		

B - ABSENCE INFORMATION

☐ This is a new request. ☐ This is an update to an existing request.

Requested Start Date:	Anticipated End Date:	#Days Away:

C - TYPE OF LEAVE

☐ Extended Leave of Absence ☐ Intermittent Absence (information required below)

Request Details: Please attach additional sheets if necessary. (Required for all Requests)

D - REASON(S) FOR LEAVE

Please indicate the applicable reason(s) for your leave below.

☐ Employees Own Serious Health Condition (**not work related**)* ☐ Care for Ill Family Member*

**** For leaves 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 Human Resources.

☐ Pregnancy Leave ☐ Maternity/Paternity Leave (Newborn/Placed Child) *	* *Provide the Date of Birth or Placement of Child (if applicable)*: _____
☐ Personal Leave (Non-Medical Reason)	☐ Military Leave: Active Duty, Military Caregiver

E - LEAVE OF ABSENCE CATEGORIES

A leave of absence may consist of leave without pay and/or paid leave (vacation/personal), sick leave, and compensatory time off. Paid leave may be used in accordance with applicable policy/contracts. I request to use the following leave categories:

Type	**Dates: From**	**Through**	**Number of Hours**
Vacation/Personal			
Sick Leave			
Compensatory			
Leave w/o Pay			

Will you be applying, or have you applied, to the Employment Security Department for Paid Family Medical Leave? __YES __NO

Employee Signature	Date:	*CONFIDENTIAL & TIME SENSITIVE*
Principal/Supervisor	Date:	☐ Approved ☐ Denied
Human Resources	Date:	☐ Approved ☐ Denied
Reason Denied:		