



**EXTENDED LEAVE OF ABSENCE REQUEST FORM**

\_\_\_\_\_  
Name (Please print)

\_\_\_\_\_  
Position/Assignment

\_\_\_\_\_  
Building

**Type(s) of extended leave requested: check below**

Sick Leave (two weeks or more)

Family Medical Leave (FMLA)

Child Rearing Leave (CRL)

Leave Without Pay (LWOP)

Sabbatical Leave for Restoration of Health

Sabbatical Leave for Professional Development

**Period to be covered by this extended leave request:**

Beginning date of leave:

\_\_\_\_\_  
MM/DD/YYYY

Expected date to return to work:

\_\_\_\_\_  
MM/DD/YYYY

Please indicate the type of leave and the number of days to be used:

Sick Days: \_\_\_\_\_ Personal Days: \_\_\_\_\_ Vacation Days: \_\_\_\_\_

FMLA Days: \_\_\_\_\_ CRL Days: \_\_\_\_\_ LWOP Days: \_\_\_\_\_

**Other (explain):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

*No one is permitted to return to work without authorization from Human Resources.*