



Request for Leave of Absence Form

PLEASE COMPLETE AND RETURN THIS FORM TO HUMAN RESOURCES 30 DAYS IN ADVANCE OF LEAVE IF POSSIBLE

EMPLOYEE INFORMATION			
Employee Name (Last, First Middle Initial)			
Home Address	City	State	Zip
Site	Telephone Number _____ <input type="checkbox"/> HOME <input type="checkbox"/> CELL		
ABSENCE INFORMATION			
<input type="checkbox"/> This is a new request.		<input type="checkbox"/> This is an update to an existing request.	
Requested Start Date:	Anticipated Return Date:		
TYPE OF LEAVE			
<input type="checkbox"/> Extended Leave of Absence		<input type="checkbox"/> Intermittent Absence (information required below)	
<p><u>For Intermittent Absences</u>, 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.</p>			
REASON(S) FOR LEAVE			
<p>Please indicate the applicable reason(s) for your leave below. If you require additional information about leave types and their qualifying criteria, please review the Family Medical Leave policy.</p>			
<input type="checkbox"/> Employees Own Serious Health Condition (not work related) *			
<input type="checkbox"/> Care for Ill Parent, Spouse, Child or Domestic Partner*			
<p>* For leaves due to your own or a Family Member's Serious Health Condition, a Medical Certification form is required.</p>			
<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"/> Baby Bonding (Care for Newborn/Placed Child) °			
° Provide the Date of Birth or Placement of Child (if applicable): _____			
<input type="checkbox"/> Military Leave: Active Duty, Military Caregiver or FML			
<input type="checkbox"/> Other Medical Leave (e.g., contractual leave for extended family members or when employee is ineligible for other leaves)			
<input type="checkbox"/> Personal Leave (Non-Medical Reason)			
LEAVE OF ABSENCE CATEGORIES			
<p>A leave of absence may consist of leave without pay and/or paid leave (sick time). Paid leave may be used in accordance with applicable policy. I request to use the following leave categories:</p>			
Type	# of Days / Hours	Dates: From	Through
Sick Time	_____	_____	_____
Leave w/o Pay	_____	_____	_____
Employee Signature (for paper forms):		Date:	CONFIDENTIAL & TIME SENSITIVE