LEAVE OF ABSENCE REQUEST FORM

SECTION 1 – Employee

Last Name:	First Name:	Hire Date:
Address:		SS# (Last 4 digits):
Phone (h):	Phone (w):	Phone (m):
Job Title:	Department:	Building:

SECTION 2 – Types of Leave: *Please check FMLA OR Other Leaves of Absence.*

FMLA Leaves (check one):

Eligibility:

1) Employees must have worked for at least 1250 hours during the twelve (12) month period prior to leave.
2) Employees must have been employed for at least twelve (12) months (does not have to be consecutive).

☐	Personal Illness	☐	Adoption or Placement of Foster Child
☐	Child/Spouse/Parent Illness	☐	Military Family Leave
☐	Birth of Child		

OR

Other Leaves of Absence (check one):

☐	Personal	☐	Educational/Professional
☐	Medical (including Maternity)	☐	Military
☐	Jury Duty	☐	Other:

SECTION 3 – Length of Leave

Estimated Leave Beginning Date: _____ Estimated Leave End Date: _____

If this Leave is a Family Medical Leave –

1) Have you had absences counted towards your FMLA entitlement in the past 12 months? Please check ☐ **YES** or ☐ **NO**
2) Will this leave be taken on an intermittent basis? Please check ☐ **YES** or ☐ **NO**

SECTION 4 – Paid or Unpaid Leave: *Please indicate below if you are requesting to use your available sick as part of your leave of absence.*

☐ **FMLA Paid**	**Number of sick days to be used:** _____
☐ **FMLA Unpaid**	

*Employees will be required to furnish appropriate required documentation, based on the type of leave requested.

I understand that failure to return to work on the date specified, without prior written authorization, or that misrepresentation of facts on this form will jeopardize my reinstatement as an LCS employee. I also understand that if I do not return to work after the leave, LCS may recover payments for health insurance made by LCS during my leave of absence.

Employee Signature: _____ Date: _____

Received in Human Resources on: _____ By: _____