REQUEST FOR LEAVE OF ABSENCE

Section 1: PERSONAL INFORMATION (Employee completes Sections 1 and 2. Submit completed form to Supervisor/Manager)

Last Name:	**First Name:**	**Employee ID:**
Home Address:	**Phone (Primary):**	**Department/Manager:**
City, State:	**Personal Email:**	**Job Title:**
Signature:	**Date Submitted:**	**Original Hire Date:**

Section 2: EMPLOYEE REQUEST (Complete the required information in writing, check leave type and provide attachments as required)

I request that my leave begin on __________________________ and end on __________________________. (If necessary, give approximate dates.)

Leave includes _________ work days missed, excluding ___________ holidays.

Total Personal Days accrued and to be used during leave ______. [Includes _____Sick Days and/or ____Vacation Days, if accrual is not combined PTO]

Family and Medical Leave (medical certifications are REQUIRED as listed for each Leave Request and must be submitted within 15 days of receipt)

□	**Employee Illness**	**Certificate of Health Care Provider**
□	**Child/Parent/Spouse Illness**	**Certificate of Health Care Provider for Family Member's Illness/Injury**
□	**Maternity**	**Certificate of Health Care Provider**
□	**Bonding**	**Certificate of Health Care Provider (Must be taken within one year of birth)**
□	**Adoption/Placement of Foster Child**	**Letter of Placement (Must be taken within one year of placement)**
□	**Military Caregiver**	**Certification for Serious Illness or Injury of Covered Service Member**
□	**Military Exigency**	**Certification of Qualifying Exigency**
□	**Other State Specific Leave ______________**	**Certified documentation relevant to state specific leave request**

Personal Leaves (not FMLA eligible or not FMLA related) – Please check all that apply.

□	**Medical (non-FMLA)**	**Certificate of Health Care Provider**
□	**Military (non-FMLA)**	**Department of Defense Orders**
□	**Maternity (not eligible for FMLA), including Paid Parental Leave**	**Certificate of Health Care Provider** **Primary Caregiver Affidavit for Paid Parental Leave**
□	**Paid Parental Leave (non-maternity)**	**Certificate of Health Care Provider** **Primary Caregiver Affidavit for Paid Parental Leave**
□	**Bereavement**	**Applicable documentation as may be listed in policy.**
□	**Jury Duty**	**Summons, and applicable documentation as may be listed in policy.**
□	**Other Personal (Victim, Witness, ________)**	**Describe:**
□	**Other State Specific Leave ______________**	**Describe:**

Section 3: SUPERVISOR/MANAGER (route to HR for Approval): Complete this section

Authorizing Name (Print):		**Email:**
Signature:	**Phone:**	**Date:**
Name(s) and email(s) of any others to receive Determination Form:		
Approving HR Name (Print):		**Email:**

(1) Has employee had absences counted towards FMLA entitlement in the past 12 months? □ **YES** □ **NO**
Provide dates/hours which have already been applied towards FMLA, along with supporting documentation

Dates: From ___________________________ to ___________________________ Total hours of FMLA utilized to date: _______

(2) If approved, will this leave be taken on an intermittent basis? □ **YES** □ **NO**

(3) Leave dates approved by HR Determination Form From ______________ To ______________ Notification Date: _____________ By:_______

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