



REQUEST FOR LEAVE OF ABSENCE

Employee Name: _____	Location: _____
Supervisor: _____	Date of Hire: _____
Work Telephone: _____	Home Telephone: _____
Home Address: _____ _____	

I would like to request a leave of absence for the following reason:

- My own serious health condition**
- Serious health condition of:**
 - Spouse _____ Name _____
 - Child _____ Name _____
 - Parent _____ Name _____
- Child Care – To care for child following birth_____ or adoption_____**
Expected date of birth or placement for adoption _____
- Military**
 - Call to active duty _____
 - Qualifying exigency _____
 - Caregiver leave _____
- Other** _____

Dates of Leave Requested:

- I request leave from _____ to _____ (Estimated Return)
- I request intermittent leave according to the following schedule: _____

- I request a reduced schedule leave according to the following schedule: _____

Employee Signature: _____	Date: _____
Supervisor/Manager: _____	Date: _____
Human Resources Signature: _____	Date: _____

Approved

Not Approved