Leave of absence request

Use this form to request leave of a week or more, or intermittent leave, for medical, family, military or personal reasons. Give it to HR at least 30 days ahead when the need is foreseeable, or as soon as you can.

Employee name: _____

Job title: _____

Department: _____

Manager: _____

Phone: _____

Date of request: _____

Reason for leave

☐ My own serious health condition ☐ Care of a spouse, child or parent with a serious health condition

☐ Birth, adoption or foster placement ☐ Military family leave ☐ Personal leave of absence ☐ Other

Dates and schedule

Expected first day of leave: _____

Expected return date: _____

☐ Continuous ☐ Intermittent ☐ Reduced schedule

If intermittent or reduced: expected pattern:

_____

Accrued PTO to use during leave (hours):

_____

_____ _____

Employee signature Date

HR use only

Date received: _____

Eligibility notice given (date): _____

Certification requested (yes/no, due date):

_____

Designation notice given (date): _____

Notes: _____

_____ _____

HR signature Date

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