



REQUEST FOR LEAVE OF ABSENCE

Requestor Completes Sections 1 and 2
Business Manager/ HR Completes Section 3

Section 1: PERSONAL INFORMATION (Complete Sections 1 and 2 and return completed form to Business Manager)

Last Name: First Name: Job Title:
Home Address: Work Phone: Department:
Date Submitted: Home Phone: Supervisor:
Hire Date: E-mail: Requestor's Signature:
I request that my leave begin on: and end on:
(Give approximate dates if exact dates are unknown)

Section 2: Select Leave Type and Provide Required Documentation

Family Medical Leave - FML (Required Medical Certifications must be returned within 15 days of receipt)

Table with 2 columns: Type of Leave, Required Medical Certification. Rows include Employee Illness, Child/Parent/Spouse Illness, Maternity, Paternity, Adoption/Placement of Foster Child, Military Caregiver, Military Exigency.

Personal Leave (not FMLA eligible or not FMLA related)

Table with 2 columns: Leave Type, Required Documentation. Rows include Medical (non-FMLA), Military (non-FMLA), Maternity (not eligible for FMLA), Paid Parental Leave, Other Personal.

Section 3: To be completed by MANAGER/BUSINESS MANAGER

Name: E-mail: Manager's Signature:
Phone: Date:

Determination Form Distribution List (in addition to Manager/Business Manager):

Name: Name:
Email: Email:

Section 4: To be completed by HUMAN RESOURCES

Is this leave for Family Medical Leave? YES NO
Has this employee had absences counted towards FMLA entitlement in the past 12 months? YES NO
If so, provide dates/hours which have already been applied towards FML: From: To:
Total hours of FML utilized during the past 12 months:
If approved, will this leave be taken on an intermittent basis? YES NO
(Available for adoption, placement in foster care, Paternity leave or maternity leave if medically necessary)
Human Resources Reviewer:
Date Reviewed: