

Request for Leave of Absence

(Any employee requesting time off must complete the request for leave of absence form and submit it to the Unit Office for approval.)

Today's Date: ____ / ____ / ____

Employee Name: _____

Title: _____

Requesting: ☐ Continuous Leave ☐ Intermittent Leave ☐ Reduced Work Schedule

Beginning Date of Leave: _____

Ending Date of Leave: _____

Reason for Leave:

- ☐ For the birth of a child and/or to care for the newborn child
- ☐ For placement of a child with you for adoption or foster care
- ☐ Your own serious health condition
- ☐ To provide care for your ☐ spouse; ☐ child; ☐ parent due to his/her serious health condition.
- ☐ Because of a qualifying exigency arising out of the fact that your ☐ spouse; ☐ son or daughter; ☐ parent is on active duty or call to active duty status in support of a contingency operation as a member of the National Guard or Reserves.
- ☐ Because you are the ☐ spouse; ☐ son or daughter; ☐ parent; ☐ next of kin of a covered servicemember with a serious injury or illness.

Please provide any other details regarding this leave of absence in the space below:

Contact Information (while on leave):

Address: _____

Phone: _____

Email: _____

Employee Signature

Date

For Office Use Only

The above request for leave of absence has been:

☐ Approved ☐ Disapproved

Director of Human Resources Signature

Date

(The Unit Office must copy this form and send a copy to the employee and submit the original to payroll for tracking of vacation, personal, and sick time as is applicable.)