

# Extended Leave of Absence Request

Whenever possible, you must notify your administrator at least thirty (30) days prior to the commencement of your leave of absence.  
Extended leave is leave that is expected to last more than four (4) working days.

## Personal Information – Please Print Legibly

Name: \_\_\_\_\_ Today's Date: \_\_\_/\_\_\_/\_\_\_  
Job Title: \_\_\_\_\_ Date of Hire: \_\_\_/\_\_\_/\_\_\_  
Address: \_\_\_\_\_  
Street \_\_\_\_\_ Home Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Email: \_\_\_\_\_ Alternative Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_

## Select Requested Leave (Maximum – One Selection)

- Injury or Illness of Covered Service Member
- Intermittent Leave
- Medical Leave
- Medical Leave/Workers Compensation
- Military Service Leave
- Parental Leave (e.g. birth of a child)
- Other: \_\_\_\_\_

## Anticipated Period of Leave Requested

Requested Leave Start Date: \_\_\_/\_\_\_/\_\_\_ Expected Leave End Date: \_\_\_/\_\_\_/\_\_\_

## Signatures

Employee Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  
Supervisor Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  
Director Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  
Human Resource (LM): \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_