



LEAVE REQUEST FORM

DISTRIBUTION:
White: Department
Forward copy to HR when
appropriate
Yellow: Employee

EMPLOYEE INFORMATION

Employee Name: _____ Department: _____
Last First

Date(s) of Absence(s): _____

REASON FOR LEAVE REQUEST / BENEFIT TIME REQUESTED

Both Section A and Section B Must Be Completed

Section A - Indicate the reason for your absence

FMLA Requested Leave

Forward Copy of Leave Request Form to HR

<input type="checkbox"/>	Health Condition of employee, spouse, child, or parent requiring an absence of at least 3 consecutive days or on-going treatment.	<input type="checkbox"/>	Medical Condition of Self or Family Member. Specify Relationship: _____
<input type="checkbox"/>	Birth, Adoption, or Foster Care of Your Child	<input type="checkbox"/>	Funeral/Bereavement Leave Specify Relationship: _____
<input type="checkbox"/>	Military Caregiver Leave – to care for an ill or injured service member	<input type="checkbox"/>	Military Leave – used only for employee's active military duty (attach copy of orders) Forward Copy of Leave Request Form to HR, if leave goes beyond paid military time.
<input type="checkbox"/>	Qualifying Exigency for Military Family Leave	<input type="checkbox"/>	Requesting Vacation, Personal Day, or Compensatory/Administrative Time; other choices do not apply.

Section B - Indicate the type & amount of benefit time to be used

Number
of Hours

Requested Benefit Time Type

____ Vacation
____ Sick Leave
____ Compensatory Time (hourly Employees Only)
____ Administrative Time (Salaried Employees Only)
____ Personal Day
____ Funeral/Bereavement Leave
____ Military Leave – for employee's current active military duty only
____ Other (i.e., On-The-Spot, Paid Time Off Certificate, etc.) Specify: _____
____ Non-Paid Time

Typically all eligible benefit time is to be taken prior to unpaid leave. See the Employee Handbook for more information on your specific request.

Comments / Explanations: _____

Employee Signature: _____

Date: ____/____/____

APPROVAL

____ Approved

____ Denied

Signature: _____
Immediate Supervisor

Date: ____/____/____