



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: _____ Date: ____/____/____
Immediate Supervisor