



Application for Leave of Absence

Situations may arise which require your absence from work for an extended period of time. If you anticipate being absent from work (not including approved vacation) for more than 10 consecutive or intermittent workdays, you must apply for and be granted a leave of absence.

POSITION INFORMATION:

Name: _____ Department: _____

Division: _____ Date of Hire: _____

LEAVE OF ABSENCE LEAVE INFORMATION:

Type of Leave Requested: (check all that apply)

Family Medical Leave Act (FMLA) Leave:

For employee:

Medical _____

Maternity/Parental _____

Paternity/Parental _____

For family member:

Family care _____

Have you taken a leave under the FMLA policy during the past 12 months? _____

Is so, from (date) _____ to (date) _____

Military Leave: _____

Personal Leave: _____

Other: (please describe below) _____

Leave start date: _____

Expected return to work date: _____

Extension to leave: From (date) _____ to (date) _____

Intermittent Schedule: _____

Reason for Leave Request:

Medical certification is required for all FMLA leaves of absence. The health care provider's certification must include:

- The date the health condition began
- The expected duration of the condition
- Appropriate medical facts necessary to verify leave requests
- An estimate of the amount of time required to be off work: and
- If for a family member's serious health condition, a statement that the employee is needed to care for that family member.

SIGNATURES REQUIRED:

Employee's : _____ Date: _____

Supervisor's approval: _____ Date: _____

Division Officer's signature: _____ Date: _____

See Leave of Absence Summary on reverse side.
Please refer to the Staff Handbook for more details.