

# Leave of Absence Request Form

**Request must be submitted and approved by the Corporate HR Department**

**Please print clearly**

Employee Name: \_\_\_\_\_ SSN: \*\*\*-\*\*-\_\_\_\_\_

Company Name: \_\_\_\_\_ Department: \_\_\_\_\_

Date of Hire: \_\_\_\_\_ Status: Part-Time Full Time

## Eligibility

I have been employed less than 12-months.

I have been employed for 12-months or more.

## Type of Leave requested

Continuous Leave of Absence Begin Date of Leave: \_\_\_\_\_ End Date of Leave: \_\_\_\_\_

Intermittent Leave of Absence How often? \_\_\_\_\_ How much time each absence? \_\_\_\_\_

Reduced work schedule What days are you available? \_\_\_\_\_ What hours are you available? \_\_\_\_\_

## Reason for Leave

Personal Leave of Absence (Non-Medical) Explain: \_\_\_\_\_

Employee's Serious Health Condition\* If checked is it Work Comp Related \_\_\_\_\_

Birth/Adoption/or Foster Care\* Expected Delivery Date: \_\_\_\_\_

To care for Family Member – spouse, child or parent \*

Name of Family Member: \_\_\_\_\_ Relationship: \_\_\_\_\_

Military Exigency \* Name of Service Member: \_\_\_\_\_ Relationship: \_\_\_\_\_

To care for Injured Service Member \*Name of Service Member: \_\_\_\_\_ Relationship: \_\_\_\_\_

*\*All leaves for medical purpose, to care of family members, injured military service members or for military exigency are required to complete and return the applicable Certification required under FMLA within 15-days before leave of absence can be approved by the HR Department. A doctor's note will not be accepted in place of the Certification requirement.*

I hereby request leave from scheduled work and certify that leave is requested for the purpose(s) as indicated above. I understand that I am required to submit applicable Certification, Fitness for Duty and provide periodic updates to my employer. I understand that falsification of information on documents will be grounds for disciplinary action up to and including termination.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Receipt: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Name Printed: \_\_\_\_\_

Corporate HR Action:  Approved FMLA  Approved Non-FMLA  Denied – Reason: \_\_\_\_\_

Corporate HR Signature \_\_\_\_\_ Date: \_\_\_\_\_