Request for Leave of Absence

Employee name: _____ Position: _____

Type of leave requested *(Please review the Employee Handbook for policy guidelines on the following types of leave)*:

____ Medical Leave ____ Pregnancy Disability Leave
____ Family Leave ____ Personal Leave
____ Military Leave ____ Other time off request (explain)

Reason for leave of absence:
(Please attach an additional sheet of explanation, if necessary, for Family or Personal Leave. Attach a copy of military orders for Military Leave.)

Beginning date of leave: _____

Expected date of return: _____

Do you want to use accrued paid vacation before unpaid leave? ____ Yes ____ No

If yes, total number of accrued vacation hours or days requested: _____

Employees requesting Medical or Pregnancy Disability Leave must attach a health-care provider's statement verifying the need for leave and its beginning and expected ending dates. Any changes in this information should be promptly reported.

Employees returning from Medical or Pregnancy Disability Leave must submit a health-care provider's verification of their fitness to return to work (including any limitations on the employee's ability to perform the essential duties of the job).

Employee signature: _____ Date: _____

Manager's approval: _____ Date: _____

Manager - sign-off and comments: