

Leave of Absence Request



COMPLETE AND RETURN THIS REQUEST TO YOUR SUPERVISOR 30 DAYS IN ADVANCE OF LEAVE, IF POSSIBLE

EMPLOYEE INFORMATION	
Employee Name (First, Last, Middle Initial)	
Job Title/ Department	Telephone Number
ABSENCE INFORMATION	
<input type="checkbox"/> This is a new request. <input type="checkbox"/> This is an update to an existing request.	
Requested Start Date:	Anticipated Return Date:
TYPE OF LEAVE	
Please indicate the applicable reason(s) for your leave below. If you require additional information about leave types and their qualifying criteria, please visit the Employee Handbook .	
MEDICAL LEAVE	
<input type="checkbox"/> Employee's Own Serious Health Condition (not work related)* <input type="checkbox"/> Consecutive dates of absence <input type="checkbox"/> Intermittent leave. Outline of work schedule must be attached <input type="checkbox"/> Medical Care for Immediate Family Member (as defined by law or collective bargained agreement) *	
<i>* For leaves due to your own or a Family Member's Serious Health Condition, medical certification is required.</i>	
<input type="checkbox"/> Workplace Injury / Worker's Compensation <input type="checkbox"/> Military Leave: Active Duty, Military Caregiver <input type="checkbox"/> Other Medical Leave (when employee is ineligible for other leaves)	
BEREAVEMENT LEAVE	
Days requested, up to five days for an immediate family member as defined by law or collective bargained agreement Family member name and relationship: Date and location of service:	
SPECIAL BUDGET LEAVE WITHOUT PAY	
Employee must have exhausted vacation accruals or have available vacation accruals booked and approved in ADP. Supervisory approval is required for workforce planning and staffing coverage. Employee will not accrue leave and will not be eligible for holiday pay during an unpaid leave of absence.	
Days requested	Proposed dates of absence
I understand and agree to the terms of this leave.	
Employee Signature:	Date:
SIGNATURE APPROVALS	
Supervisor Signature:	Date:
President Signature:	Date:
HR Signature:	Date:
APPROVED FORM MUST BE SUBMITTED TO HR PRIOR TO LEAVE EFFECTIVE DATE.	