Request and Authorization for Leave

Send Completed Form to Human Resources

Please refer to the Employee Handbook for complete descriptions of the various types of leave available.

General Information

☐ HOURLY ☐ SALARIED EMPLOYEE ID NUMBER _____

_____ 5/6/2020

Type or Print Employee Name — Date

_____ _____

Department — Supervisor

I request leave beginning at _____ (Time) on _____ (Date), ending at _____ (Time) on _____ (Date) for a total of _____

Check √ one of the following reasons:

Annual Leave – Annual leave needs to be requested at least 3 working days in advance

- ☐ Sick Leave - Sick leave is used when conditions do not permit the use of Family or Medical Leave
- ☐ Personal Day - One day per calendar year
- ☐ Emergency Leave - Up to three consecutive days per year for family members specified in Handbook
- ☐ Military Leave - Up to three weeks per year
- ☐ Bereavement Leave - Up to three consecutive days for family members specified in Handbook
- ☐ Jury Duty - Summoned to appear for jury duty
- ☐ Court Leave - Subpoenaed to appear in court as a witness
- ☐ Compensatory Time
- ☐ Leave without Pay - for use when sick and annual leave is unavailable
- ☐
- ☐

_____ _____

Employee Signature — Date

Approved: _____ _____

Supervisor Signature — Date

Family or Medical Leave

I request Family or Medical Leave (FMLA) for the following reason:

Check √ one of the following reasons:

- ☐ A serious health condition that makes you unable to perform the essential functions of your job.
- ☐ A serious health condition affecting your ☐ Spouse, ☐ Child, ☐ Parent for which you are needed to provide care.
- ☐ The birth of your child, or the placement of a child with you for adoption or foster care. This leave needs to start on _____ (Date) and is expected to end on _____ (Date).

Medical certification supporting the need for an employee to care for their own, or their spouse's, child's or parent's serious illness is required. Medical certification forms are available in the Human Resources Office.

- ☐ Medical Certificate is attached.

The requesting employee will be notified of the status of the request within two working days of the request being Received in the Human Resources Office.

_____ _____

Employee Signature — Date