

REQUEST FOR LEAVE OF ABSENCE (NON-FMLA)

Request for leave must be made, if practical, at least 30 days prior to the date the requested leave is to begin.

NAME: _____
DATE: _____
TITLE: _____
DEPT: _____

DATE OF HIRE: _____ STATUS: Full-Time _____ Part-Time _____

DATE LEAVE TO START: _____ EXPECTED RETURN DATE: _____
Have you taken a leave in the past 24 months? _____

All requests for paid or unpaid Leave of Absence must be accompanied by the appropriate documentation (Physician Certification, Military Orders, Subpoena, etc.), and subject to approval by the Department Director or Supervisor.

I request leave for one or more of the following reasons:

- ____ Job related illness/injury
- ____ Non-job related illness/injury
- ____ Military
- ____ Education
- ____ Maternity
- ____ Parental
- ____ Personal
- ____ Emergency
- ____ Death in Family
- ____ Extended Leave from FMLA
- ____ For other reasons.

Will you continue your benefits during this leave? Yes No

Describe _____

Employee Signature Date _____
Supervisor Signature Authorization _____
Human Resources Signature Date _____

Please return form to Human Resources