

Request for Leave or Approved Absence

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|---|-------------|-------------|---|-----------------|--------------------|
| 1. Name (Last, first, middle) | | | 2. Employee or Social Security Number (Enter only the last 4 digits of the Social Security Number (SSN)) | | |
| 3. Organization | | | | | |
| 4. Type of Leave/Absence <i>(Check appropriate box(es) below)</i> | Date | From | To | Time | Total Hours |
| <input type="checkbox"/> Accrued Annual Leave <input type="checkbox"/> Restored Annual Leave <input type="checkbox"/> Advanced Annual Leave <input type="checkbox"/> Accrued Sick Leave <input type="checkbox"/> Advanced Sick Leave | | | | | |
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| Purpose: <input type="checkbox"/> Illness/injury/incapacitation of requesting employee <input type="checkbox"/> Medical/dental/optical examination of requesting employee <input type="checkbox"/> Care of family member, including medical/dental/optical examination of family member, or bereavement <input type="checkbox"/> Care of family member with a serious health condition <input type="checkbox"/> Other | | | | | |
| <input type="checkbox"/> Compensatory Time Off | | | | | |
| <input type="checkbox"/> Other Paid Absence <i>(Specify in Remarks)</i> | | | | | |
| <input type="checkbox"/> Leave Without Pay | | | | | |
| 5. Family and Medical Leave If annual leave, sick leave, or leave without pay will be used under the Family and Medical Leave Act of 1993, please provide the following information: <input type="checkbox"/> I hereby invoke my entitlement to Family and Medical Leave for: <input type="checkbox"/> Birth/Adoption/Foster Care <input type="checkbox"/> Serious health condition of spouse, son, daughter, or parent <input type="checkbox"/> Serious health condition of self <i>Contact your supervisor and/or your personnel office to obtain additional information about your entitlements and responsibilities under the Family and Medical Leave Act. Medical certification of a serious health condition may be required by your agency.</i> | | | | | |
| 6. Remarks: | | | | | |
| 7. Certification: I hereby request leave/approved absence from duty as indicated above and certify that such leave/absence is requested for the purpose(s) indicated. I understand that I must comply with my employing agency's procedures for requesting leave/approved absence (and provide additional documentation, including medical certification, if required) and that falsification on this form may be grounds for disciplinary action, including removal. | | | | | |
| 7a. Employee Signature | | | | 7b. Date | |
| 8a. Official Action on Request: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <i>(If disapproved, give reason. If annual leave, initiate action to reschedule.)</i> | | | | | |
| 8b. Reason for Disapproval: | | | | | |
| 8c. Supervisor Signature | | | | 8d. Date | |