



## REQUEST FOR LEAVE OF ABSENCE

Employee: \_\_\_\_\_ Position: \_\_\_\_\_  
Date of Request: \_\_\_\_\_ Manager: \_\_\_\_\_

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I hereby request the following period of time off from my employment: \_\_\_\_\_ (date)  
Through \_\_\_\_\_ (date) for the reason(s) checked below:

### CHECK ALL THAT APPLY:

- ☐ Illness or non-work-related injury
- ☐ Work related injury
  - ▶ Date of injury: \_\_\_\_\_
  - ▶ Date injury first reported: \_\_\_\_\_
- ☐ Pregnancy, childbirth or related medical condition
- ☐ My *own* “serious health condition” a “serious health condition” includes, for example, an illness, injury, impairment or physical or mental condition which involves inpatient care i.e. an overnight stay in a hospital, hospice, or residential health-care facility or any period of incapacity requiring absence from work, school, or other regular daily activities, of 4 or more calendar days. (A certification form will be provided for your health-care provider to complete. The form must be submitted to Human Resources within 15 calendar days.)
- ☐ Absence due to a “serious health condition” of my child, spouse or parent
  - ▶ Relationship of individual to me: \_\_\_\_\_
  - (A certification form will be provided for the health-care provider to complete. The form must be submitted to Human Resources within 15 calendar days.)
- ☐ Birth of my child
  - ▶ Date of birth or expected birth: \_\_\_\_\_
- ☐ Placement of a child with me adoption or foster care
  - ▶ Date of placement or expected placement: \_\_\_\_\_

☐ Military Leave (Active or Reserve) – *a copy of your orders must be attached.*

☐ Jury Duty Leave – *A copy of the notice or summons must be attached.*

☐ Witness Duty leave – a copy of the subpoena must be attached.

☐ Bereavement/Funeral Leave

▶ Date of death: \_\_\_\_\_

▶ Relationship to deceased: \_\_\_\_\_

☐ Personal leave (explain below):

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By submitting this request, I hereby acknowledge receiving a copy of the Company's leave of absence policies contained within the Employee Handbook. I understand that failure to abide by the policies contained in the Handbook and/or failure to return to work at the end of the approved leave period may result in delay or denial of leave, or it may result in disciplinary action up to and including termination of employment. I further acknowledge that leaves of absence may be concurrently charged against my entitlement to leave under all appropriate federal and state laws and that all requests are subject to approval by my Department Manager and the Human Resources Department.

I certify that the above statements are true.

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Employee Signature

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Date