

Request for Leave of Absence

Employee Name _____

Position: _____

Type of leave requested (*Please review the Employee Policy Handbook for guidelines on the following types of leave.*)

Medical Leave

Pregnancy Disability Leave

Family Leave

Personal Leave

Military Leave

Other time off request (explain)

Reason for leave of absence:

(Please attach an additional sheet of explanation, if necessary, for Family or Personal leave. Attach a copy of military orders for military leave.)

Beginning date of leave: _____

Expected date of return: _____

Employees requesting Medical or Pregnancy Disability Leave must attach a healthcare provider's statement verifying the need for leave and its beginning and expected ending dates. Any changes in this information should be promptly reported.

Employees returning from Medical or Pregnancy Disability Leave must submit a healthcare provider's verification of their fitness to return to work, including any limitations on the employee's ability to perform the essential duties of the position.

Employee's signature: _____

Date: _____

Supervisor signature: _____

Date: _____

Supervisor comments: