



# Request for Leave of Absence

Employee Name: \_\_\_\_\_

Request Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Reason for Leave:

- Medical – Self
- Birth or Adoption of Child
- Caring for Military Service Member
- Leave Due to a Qualifying Exigency Relating to Military Service
- Medical – Immediate Family
- Pregnancy Disability Leave
- Personal – Non-Medical
- Other: \_\_\_\_\_

Expected Leave Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Expected Leave End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Estimated Number of Leave Days \_\_\_\_\_

Leave Will Be:

- Continuous
- Intermittent

If requesting intermittent leave, please provide additional information or details regarding the intermittent or reduced leave you are requesting (only certain days of the week, only certain hours of the day, etc):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

During my leave, I can be reached at:

Address: \_\_\_\_\_ Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Personal E-mail Address: \_\_\_\_\_

Initial:

\_\_\_\_\_ I understand that I am required to provide timely medical certification for my leave, and notify Human Resources should it be necessary to extend my leave.

\_\_\_\_\_ I understand that I can access additional information about Leave of Absence Policy in the employee handbook posted on the Company website.

\_\_\_\_\_  
Employee Printed Name & Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Human Resources Approval Signature

\_\_\_\_\_  
Date