INSTRUCTIONS: Complete this form and submit a copy to your immediate supervisor and the original to the Office of Human Resources. You and your supervisor will be notified by HR as to whether the leave request has been approved or denied.

Employee Information

Employee Name: _________________________________________________________
Date of Request: ____________________              Date of Hire: ___________________
My Immediate Supervisor is: _____________________________________________
My regular work schedule is (please circle): Sun  Mon  Tues  Wed  Thurs  Fri  Sat

Type of Leave Being Requested

I hereby request a leave of absence for the following reason:

___  For the birth of my child who was/is expected to be born on _________________
(If the employee is the birth mother, a certification of the medical need for the leave will be required).

___  Because I am adopting/fostering a child who will be placed with me on: _________
(Certification of the adoption/fostering must be provided)

___  Because of a serious health condition that prevents me from performing the essential functions of my job. (a certification of the medical need for the leave will be required).

___  Because I am needed to care for my spouse, same-sex domestic partner, child* or parent who has a serious health condition (a certification of the medical need for the leave will be required).

Name and Relationship to You: _____________________________________________

*  Is the child under the age of 18 or possessed of a disability which renders him/her incapable of self-care?        YES ___          NO ___

___  Leave to care for a spouse, same-sex domestic partner, son, daughter, parent, or next-of-kin who incurred an injury or illness in the line of military duty (a certification of the medical need for the leave will be required as will proof of active duty status).

Name and Relationship to You: _____________________________________________
___ Leave for a qualifying exigency due to a spouse, same-sex domestic partner, son, daughter or parent’s active military duty or call to duty (*proof of active duty or call to duty status will need to be provided*).

Name and Relationship to You: ________________________________________________

___ Because I have been called to military duty (*documentation will be required*).

___ Because of the death of a family member.

Relationship to the deceased: ________________________________________________

___ Because of a call to jury duty (*proof of attendance will be required upon return*).

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**Amount of Leave**

I request that the leave be granted for the following period of time:

Beginning on: ___________________________ Ending on: _________________________

I anticipate returning to work on: __________________________

I request the leave be: ___ Continuous ___ Reduced Hours** ___ Intermittent**

** Specifics of the schedule request: __________________________________________

________________________________________________________________________

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**Contact Information**

My address during the period of the leave will be: ________________________________

________________________________________________________________________

I hereby certify that the information given above is true and correct to the best of my knowledge. I understand that misrepresentation or omission of the reason for leave or any of the facts supporting the need for leave will result in denial of the leave and will subject me to discipline up to and including termination.

Signature: ________________________________ Date: ________________