



University of Massachusetts Medical School  
 Department of Human Resources/Benefits  
 333 South Street, 2<sup>nd</sup> floor  
 Shrewsbury, MA 01545

**REQUEST FOR LEAVE OF ABSENCE FORM**

For further clarification, please refer to the following UMASS Medical School Policies:

- Family and Medical Leave / Maternity Leave
- Leave of Absence
- Small Necessities Leave
- Military Leave

Employee:	Employee #:	Schedule Hours:
Date of Hire	Department:	Location:
Home Phone:	Home Address:	Supervisor:

**REASON FOR LEAVE OF ABSENCE (PLEASE CHECK APPROPRIATE BOX)**

- Birth/Adoption (circle appropriate selection)
- Employee Illness
- Care of a Minor Child/Spouse/Parent (circle appropriate selection)
- Small Necessities
- Jury Duty
- Military Leave for Employee
- Leave for Care of Covered Service Member Due to Serious Injury or Illness
- Leave for Qualifying Exigency Related to Military Contingency Operations
- Personal

**LEAVE TYPE (PLEASE CHECK APPROPRIATE BOX)**

- Continuous
- Intermittent
- Reduced Schedule

Leave Begin and End Dates: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Time Requested: \_\_\_\_\_  Days  Hours  Weeks

I understand that I will be reinstated to my same position if it is deemed that I am eligible for FMLA.  
 I also understand that failure to return from the approved Leave of Absence within the agreed upon timeframe may constitute a voluntary termination.  
 I have read the Leave of Absence policies and am aware of my responsibilities.

**LEAVE WILL BE PAID ONLY IF EMPLOYEE HAS SUFFICIENT AND APPROPRIATE ACCRUALS TO COVER PART OR ALL OF THE ABSENCE.**

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor (Please Print) \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_