

LEBANON VALLEY COLLEGE
Annville, PA 17003

**Request for Leave Under the
Family and Medical Leave Act of 1993**

Notice: Please review the College policy in your Employee Handbook regarding leave under the Family and Medical Leave Act. Where practicable and foreseeable, thirty (30) days advance written notice is required to apply for Family Medical Leave. In the case of an unforeseen event, verbal notice is required with written notice to be supplied as soon as possible. Questions regarding the terms and conditions of Family Medical Leave should be referred to Ann Hayes, Director of Human Resources, Administration Bldg., Room 108, Ext 6416.

Employee's name: _____ Department: _____

Home address: _____ Supervisor: _____

_____ Date of Hire: _____

Date of request: _____

Type of leave being requested:

- Birth of a child
- Adoption of a child
- Foster care placement of a child
- Health condition of employee
- Health condition of a spouse, child or parent

Reason for Leave: _____

Expected date leave will begin: _____

Expected date to return to work: _____

Employee's signature Date: _____

Approved by:

Director of Human Resources Date: _____

Payroll and Benefits Administrator

Date: _____