



LEAVE OF ABSENCE REQUEST FORM

EMPLOYEE INFORMATION

Employee's Name: _____ Employee #: _____

Email Address: _____ Phone Number: _____

Department: _____ Manager: _____

ABSENCE INFORMATION

You must submit a timely, complete and sufficient medical certification to support a request for family or medical leave. Failure to provide a complete and sufficient medical certification may result in a denial of your leave request. You must submit a copy of your military active duty orders to support your request for military leave.

First Date of Absence: _____ Anticipated Return Date: _____

Reason for Leave:

- Birth of a child or child of registered domestic partner and to care for the newly-born child, or placement of a child or child of registered domestic partner with the employee or registered domestic partner for adoption or foster care
- To care for an immediate family member (employee's spouse, registered domestic partner, child, registered domestic partner's child, or parent) with a serious health condition
- Your own serious health condition
- Because of a qualifying exigency arising out of the fact that your spouse; son or daughter; parent is on active duty or call to active duty status in support of a contingency operation as a member of the National Guard or Reserves
- Because you are the spouse; son or daughter; parent; next of kin of a covered servicemember with a serious injury or illness
- Other reason: _____

In accordance with the Genetic Information Nondiscrimination Act of 2008 (GINA), please do NOT provide any genetic information pertaining to an employee or family member when responding to this request. For purposes of this response, "genetic information" includes family medical history, genetic test results, the fact that an individual sought or received genetic services, or genetic information of a fetus carried by or embryo lawfully held by the individual receiving assistive reproductive services.

Is intermittent leave or reduced work schedule requested? If yes, explain why it is needed and the leave schedule proposed:

AUTHORIZATION, CERTIFICATION, SIGNATURE

Who provided information to complete form (if other than employee)? _____

Name of person who completed form: _____ Date: _____

I certify that the above information is true and correct to the best of my knowledge. I understand that any misrepresentation concerning the above facts can result in termination of employment.

Employee's Signature

Date