

Partners for Affordable Housing

REQUEST FOR TEMPORARY ABSENCE

Name _____

TYPE OF ABSENCE

Dates/Times

Total Hours

1. Annual Leave (Vacation) _____

2. Sick Leave _____

Reason _____

*Family and medical absences might fall under the Family and Medical Leave Act (FMLA).

Is this a potential FMLA qualifying event? Yes No Unsure

3. Professional Meeting _____

Name of Organization _____

Location _____

4. Leave of Absence Paid Unpaid..... _____

5. EMPLOYEE'S SIGN OFF _____ DATE SUBMITTED
(Type in name)

6. Select Request Destination:



7. MY SIGNATURE AUTHORIZES THE EMPLOYEE'S LEAVE REQUEST AND ENSURES ITS RECORDING ON THE APPROPRIATE TIMECARD/SHEET.

PAH SUPERVISOR _____ DATE _____
(Type in name)

PAH BOARD _____ DATE _____

PAH Board President
(Board President approves for Executive Director and CFO only)

*FAMILY AND MEDICAL LEAVE ACT (FMLA) NOTIFICATION

Eligible employees who qualify for Family and Medical Leave are entitled to take up to 12 weeks of unpaid, job-protected leave in a 12 month period for specified FMLA qualifying reasons. Employees are eligible if they have worked for a total of 12 months and have worked in a paid status at least 1,250 hours over the previous 12 months. Qualified employees may be granted FMLA for the birth and care of the newborn child of the employee; for the placement of a child for adoption or foster care; serious health condition of an immediate family member (spouse, child or parent); or for an employee who is unable to work because of a serious health condition. MISC900T 6/10

