

## Unpaid Leave of Absence Request Form

### Employee Information

<b>Employee Name</b>	<b>Social Security Number</b>
<b>Employee Address</b>	
<b>Name of person who completed the form, (if not the employee)</b>	

### Dates of Leave Requested

Anticipated Starting Date / /	Anticipated Ending Date / /	Today's Date / /	Was the employer notified about the leave at an earlier date? <input type="checkbox"/> No <input type="checkbox"/> Yes, date of earlier notice: / / How was the employer notified?
----------------------------------	--------------------------------	---------------------	--

Has 30 days advance notice been given?  
 Yes  No - Give explanation for delay in providing notice to employer:


### Acknowledgment & Signature

I certify that the above information is true and correct to the best of my knowledge.  
 I have received a copy of the Family and Medical Leave policy and I have read it and understand it.

First Name	Middle Initial	Last Name
(Name of person completing form; please print)		

Signature of person completing form	Date
-------------------------------------	------