



MISSION HEALTH
REQUEST FOR LEAVE OF ABSENCE
TO BE COMPLETED BY EMPLOYEE

Name: Employee Number:
Employment Date: Department:

Type of Leave Requested:

1. Family and Medical Leave for the following reason:

* A Medical Certification form from the health care provider must be completed and attached to this Leave Request form for the following three leave types.

- A serious health condition which renders me unable to perform the essential functions of my job*
A serious health condition of a spouse, parent, or child*
Child care due to the birth of a child, adoption or placement of a foster child in my home.* Note: If you plan to enroll this child(ren) in your health plan, you must enroll them within 31 days of the birth or placement of the child(ren).

2. Other Leaves:

- Military
Educational
Personal
Personal Medical Leave (not FMLA qualifying or a leave following exhaustion of FMLA Leave) [Note: A Medical Certification form from the health care provider must be completed and attached to this Personal Medical Leave Request form.]

Date Leave Begins: Date Returning to Work:

Reason for the Leave Request:

I am applying for leave and understand that my request will be reviewed in accordance with Human Resources Policy HR 2.05 (Mission), "Leaves of Absence;" the Family and Medical Leave Act of 1993; and/or the Uniformed Service Employment and Reemployment Rights Act of 1994. It is my intent to return to work on the date indicated above. I agree to contact my department director/team leader as soon as possible if the circumstances of my leave request change.

Employee's Signature: Date:

Department Director/Manager
Signature: Date:

Employees who are unable to return to work by the maximum allowable period outlined in the Applicable Human Resources Policy may be terminated from employment, but will be eligible to reapply for future employment. Americans with Disabilities Act issues will be reviewed on a case-by-case basis.

Return forms: Leave Management by fax (828) 213-5602, scan (leave.management@msj.org) or mail to 1 Hospital Drive, Suite 6300, Asheville, NC 28801.

Questions you may call (HR Leave Management Administration – (828) 213-4694