

MOSAIC

EMPLOYEE REQUEST FORM

Please submit this form to your supervisor at least two weeks before the effective date of the request. For Family and Medical Leave request, please use the Family and Medical Leave Request form.

Employee Name (please print)	Employee ID	Department
------------------------------	-------------	------------

TYPE OF REQUEST (check one)

A. Time Off with Pay		B. Leave of Absence (without pay)		C. Change in Employment Status	
<input type="checkbox"/>	PTO	<input type="checkbox"/>	Medical Leave	<input type="checkbox"/>	Transfer to another department
<input type="checkbox"/>	ELR	<input type="checkbox"/>	Bereavement Leave	<input type="checkbox"/>	Transfer to a new position
<input type="checkbox"/>	Jury Duty	<input type="checkbox"/>	Personal Leave	<input type="checkbox"/>	Transfer to another Mosaic agency
<input type="checkbox"/>	Other	<input type="checkbox"/>	Educational Leave	<input type="checkbox"/>	Separation of Employment
		<input type="checkbox"/>	Military Leave	<input type="checkbox"/>	Shift Change
		<input type="checkbox"/>	Other		

DATES

Begin	Date returns to work
Number of PTO hours requested	Number of ELR hours requested

Please describe the nature of your request and your reasons for asking:

I have read the pertinent sections of the Employee Handbook and understand the regulations governing my request. If my request is not covered in the Employee Handbook, I realize that a determination will be made on the individual merit of the case.

Employee Signature	Date
--------------------	------

Supervisor Signature / Title	Date
Supervisory Review (circle one):	Approved <input type="checkbox"/> Not Approved <input type="checkbox"/>
Administrative Signature / Title	Date
Administrative Review (check one):	Approved <input type="checkbox"/> Not Approved <input type="checkbox"/>

- White copy to Agency
- Yellow copy to National Human Resources Office
- Pink copy to Employee