

**BROWN UNIVERSITY – BENEFITS OFFICE  
LEAVE OF ABSENCE REQUEST FORM**

**1. EMPLOYEE INFORMATION**

Name:	
Campus Phone:	Campus Box:
Preferred Mailing Address During Leave*:	
Street _____	City _____ State _____ Zip _____
Telephone Number During Leave*:	Email Address During Leave (optional)*:
<p align="center"><i>* PLEASE NOTE: You are responsible for providing a correct mailing address to be used during your leave so that the University can contact you, as necessary. All University correspondence will be mailed to the campus or home address listed above.</i></p>	
Department:	
Department Coordinator:	Campus Phone:
Supervisor:	Campus Phone:

**2. LEAVE OF ABSENCE REASON**

<input type="checkbox"/> Own medical condition (Non work related)	<input type="checkbox"/> Family Member's medical condition:
<input type="checkbox"/> Birth and care of employee's newborn child	<input type="checkbox"/> Spouse <input type="checkbox"/> Parent
<input type="checkbox"/> Placement with the employee of a child for adoption or foster care	<input type="checkbox"/> Child <input type="checkbox"/> Parent-In -Law
<input type="checkbox"/> Military Caregiver Leave (Family Member)	<input type="checkbox"/> Personal
<input type="checkbox"/> Qualifying Exigency Military Leave (Family Member)	<input type="checkbox"/> Military Leave (Self)

**3. LEAVE INFORMATION**

LEAVE DATES	PAY STATUS (LOA will be <b>UNPAID</b> unless otherwise indicated; include number of days to be paid, if applicable)	NOTES	LAST DAY OF WORK: _____
From: _____ To: _____	Sick Days _____ Vacation Days _____ Maternity Benefit _____		
From: _____ To: _____	Sick Days _____ Vacation Days _____ Maternity Benefit _____		
From: _____ To: _____	Sick Days _____ Vacation Days _____ Maternity Benefit _____		
From: _____ To: _____	Sick Days _____ Vacation Days _____ Maternity Benefit _____		

**4. SIGNATURES**

Employee's Signature:	Date:
Authorized Department Signature:	Date:
Senior Officer Signature (if applicable):	Date: