

# Request and Authorization for Leave

Send Completed Form to Human Resources

Please refer to the Employee Handbook for complete descriptions of the various types of  
General Information

<input type="checkbox"/> HOURLY	<input type="checkbox"/> SALARIED	EMPLOYEE ID NUMBER	_____
_____		Type or Print Employee Name	_____
_____		Department	_____
_____		Supervisor	_____
I request leave beginning at _____ on _____, ending at _____ on _____ for			
a total of _____ hours _____			
Select one of the following reasons:			
<input type="checkbox"/> Annual Leave ... Annual leave needs to be requested at least 3 working days in advance			
<input type="checkbox"/> Sick Leave - Sick leave is used when conditions do not permit the use of Family or Medical Leave			
<input type="checkbox"/> Personal Day - One day per calendar year			
<input type="checkbox"/> Emergency Leave - Up to three consecutive days per year for family members specified in Handbook			
<input type="checkbox"/> Military Leave - Up to three weeks per year			
<input type="checkbox"/> Bereavement Leave - Up to three days for family members specified in Handbook			
<input type="checkbox"/> Jury Duty - Summoned to appear for jury duty			
<input type="checkbox"/> Court Leave - Subpoenaed to appear in court as a witness			
<input type="checkbox"/> Compensatory Time			
<input type="checkbox"/> Leave without Pay - for use when sick and annual leave is unavailable			
_____		Employee Signature	_____
_____		Date	_____
Approved: _____		Supervisor Signature	_____
_____		Date	_____

## Family or Medical Leave

I request Family or Medical Leave (FMLA) for the following reason:

Check/ one of the following reasons:

- A serious health condition that makes you unable to perform the essential functions of your job.
- A serious health condition affecting  Spouse,  Child,  Parent for which you are needed to provide care.
- The birth of your child, or the placement of a child with you for adoption or foster care. This start on \_\_\_\_\_ and is expected to end on \_\_\_\_\_.

Medical certification supporting the need for an employee to care for their own, or their spouse or child, with a serious illness is required. Medical certification forms are available in the Human Resources Office.

Medical Certificate is attached.

The requesting employee will be notified of the status of the request within two working days of receipt in the Human Resources Office.

\_\_\_\_\_ Employee Signature \_\_\_\_\_ Date