

# Employee Leave Request

<b>Name:</b> _____	<b>Department:</b> _____
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<b>Starting and Ending Dates of Leave</b>	
For the period beginning / / at ____:____ (am/pm) and ending on / / at ____:____ (am/pm).	
Total Number of Hours Requested. _____	

<b>REASON(S) FOR LEAVE</b>	
<input type="checkbox"/> Vacation Leave <input type="checkbox"/> Sick Leave <input type="checkbox"/> Compensatory (K-Time) <input type="checkbox"/> FMLA Leave	<input type="checkbox"/> Leave Without Pay <input type="checkbox"/> Military Leave <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Your health / pregnancy <input type="checkbox"/> Care for a newborn <input type="checkbox"/> Family member with serious health condition <input type="checkbox"/> Placement/adoption/foster care of child <input type="checkbox"/> Family member on duty or call to active duty in support of an emergency operation as a member of the National Guard or Reserves <input type="checkbox"/> Family member is a servicemember with a serious injury or illness <i>For more information regarding the Family Medical Leave Act (FMLA), contact Human Resources.</i> <input type="checkbox"/> Funeral Leave                      Relationship _____ <input type="checkbox"/> Jury Leave
<i>This is subject to verification that I have accumulated leave as indicated above.</i>	
_____	_____
<i>Employee Signature</i>	<i>Date</i>

<b>FMLA LEAVE ALLOCATION</b>			
<i>I request that my absence be charged as designated below: (Show how you plan to allocate leave time. Next to leave type, enter order of usage, start and end dates and the number of hours taking.)</i>			
	<b>Start Date</b>	<b>EndDate</b>	<b># of Hours</b>
<input type="checkbox"/> Sick Leave			_____
<input type="checkbox"/> Vacation			_____
<input type="checkbox"/> Compensatory (K-Time)			_____
<input type="checkbox"/> Leave Without Pay			_____

<b>REVIEW and APPROVALS</b>	
<b>Dept Head:</b> <i>If an employee is requesting FMLA leave, you must send a copy of this form to Human Resources for approval and federal recordkeeping requirements. If leave is unforeseen, send form as soon as practicable or within two business days after the need for leave becomes known.</i>	

<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved (Reason) _____	

_____	_____
<i>Supervisor /Department Head Signature</i>	<i>Date</i>