Request for Leave Application

Leave of Absence & FMLA

To be completed by employee requesting leave:

Employee Name: _____ ID#_____(For HR Use Only)

Date of Hire: _____ Employee Status: Faculty ___ Staff ____ Adm. ____

Department: _____ Division: _____

Work Schedule: _____ (For faculty only, complete back of form)

Reason for leave request:

_ *Care for a newborn or adopted child

_ *Serious health condition (employee)

_ *Care for spouse, child or parent with a

_ Illness of employee

_ Vacation - Days available _____

_ Funeral