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| **Employee** |
| Request for: [ ]  New Leave or [ ]  Extension of Existing Leave |
| Name | Employee ID No. |
| Click here to enter text. | Click here to enter text. |
| Department | Date Leave Begins | Date Leave Ends |
| Click here to enter text. | Click here to select a date. | Click here to select a date. |
| Purpose of Leave (Do **not** provide specific medical information here.) |
| Click here to enter text. |
| Type of Leave Requested (Please contact your HR Representative to discuss benefits continuation or FMLA.) |
|[ ]  Medical – Unpaid (Not-FMLA, attach supporting physician’s statement with return to work date included.) |
|[ ]  Military – Unpaid (Attach copy of military orders.) |
|[ ]  Personal – Unpaid |
| Employee Signature | Date |
|  |  |
| Employee: Complete and attach any required documentation. Make a copy of form and any attachments. Keep the copy and forward original to your department manager.  |
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| **Department** |
| Military Leave Request:  | [ ]  Acknowledged  |
| Medical or Personal Leave Request: | [ ]  Approved | [ ]  Denied |
| Department Manager Signature | Date |
|  |  |
| Department: Make a copy of form and any attachments for your records. If leave request acknowledged or approved, forward original to Human Resources. If leave request is denied, return original to employee. *Leave approval contingent upon employee meeting eligibility requirements as determined by Human Resources.* |
|  |
| **Human Resources** |
| Employee meets eligibility requirements for requested leave:  | [ ]  Yes | [ ]  No |
| Comments: |
| HR Rep: | Date: |
| HRA: | Date:  |
| JOB:  | Health/COBRA:  | Life:  | LTD:  |