



EMPLOYEE SERVICES Request for Leave of Absence

PLEASE COMPLETE AND RETURN THIS FORM TO EMPLOYEE SERVICES
AT LEAST 30 DAYS IN ADVANCE OF LEAVE IF POSSIBLE

EMPLOYEE INFORMATION			
Employee Name (Last, First, Middle Initial)	ID		
Home Address	City	State	Zip
Job Title & School/Department	Telephone Number		
ABSENCE INFORMATION			
This is a new request.		This is an update to an existing request.	
Requested Start Date:	Anticipated Return Date:		
TYPE OF LEAVE			
Leave of Absence	Intermittent Absence (information required below)		
<p>For Intermittent Absences, describe your intermittent or reduced work schedule (e.g., "up to 2-3 sick days a month per doctor"). This must be medically necessary and documented in a current medical certification form from your health care provider.</p>			
REASON(S) FOR LEAVE			
<p>Please indicate the applicable reason(s) for your leave below.</p> <ul style="list-style-type: none"> Employees Own Serious Health Condition (not work related)* Care for Ill Child, Spouse, Registered Domestic Partner, or Parent* Maternity or Paternity Leave* <p>*A Medical Certification form is required for leaves due to your own or a family member's health condition.</p> <ul style="list-style-type: none"> A completed Medical Certification form is attached. I will submit a Medical Certification form within 15 days to Employee Services. Child-rearing (leave is unpaid) Education (leave is unpaid) Military Leave, e.g., Active Duty, Military Caregiver or FML Workplace Injury / Worker's Compensation 			
Employee Signature:	Date:		

Signature not required if sent via PSD email account