



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 serious health condition
___ (*Applicable to FMLA)
___ Official Business: State nature of business, indicate the University official who authorized or is sending you on this leave _____
If University resources are required for travel, must complete and attach an approved copy of the Travel Request Form.

___ Illness of employee
___ Vacation - Days available _____
___ Funeral
___ Military Leave (copy of orders required)
___ Other: Please identify _____

Requested leave schedule (please check one):

___ Consecutive Days
___ Intermittent Schedule (provide details) _____

Date leave is to begin: Date _____ Day _____ Hour _____ a.m./p.m.

Expected return: Date _____ Day _____ Hour _____ a.m./p.m.

Number of weeks/days: _____

In case of an emergency, where can you be reached? _____

Have you taken a Family and Medical Leave of Absence, or a Leave of Absence prior to this request?

___ Yes ___ No If yes, please indicate date and duration of prior leave _____

Employee's signature: _____ Date _____

Human Resources Certification

Employee is eligible for leave under the Family and Medical Leave Act of 1993 ___ Yes ___ No

Approval/denial letter sent _____ (Date)

HR Director's Signature: _____ Date: _____

Required approvals:

Dept. Chair /Immediate Supervisor's sign./Date: _____ Approved ___ Disapproved ___

Dean's sign./Date: _____ Approved ___ Disapproved ___

Vice President's sign./Date: _____ Approved ___ Disapproved ___

President's sign./Date: _____ Approved ___ Disapproved ___

(President's signature is required for 10 or more days)

(Revised, November 2005)

Are you scheduled to have a class during this period? Yes: () No: ()

CLASS ABSENCES

Dept.	No.	Title	Sect.	Hour	Bldg/Rm	Days	Sub. Teachers

Are you scheduled to have office hours during this period? Yes: () No: ()

OFFICE HOUR ABSENCES

DAYS	HOUR

NOTE: THIS REQUEST MUST BE SUBMITTED FORTY-EIGHT (48) HOURS PRIOR TO EFFECTIVE TIME OF YOUR DEPARTURE

Dept: _____ No. _____ Desc. Title: _____ Date: _____ Period _____ Bldg/Rm _____
ASSIGNMENT _____

**REMARKS
TEACHER**

Dept: _____ No. _____ Desc. Title: _____ Date: _____ Period _____ Bldg/Rm _____

ASSIGNMENT _____

**REMARKS
TEACHER**

Dept: _____ No. _____ Desc. Title: _____ Date: _____ Period _____ Bldg/Rm _____

ASSIGNMENT _____

**REMARKS
TEACHER**

Dept: _____ No. _____ Desc. Title: _____ Date: _____ Period _____ Bldg/Rm _____

ASSIGNMENT _____

**REMARKS
TEACHER**