

LEAVE OF ABSENCE REQUEST FOR FAMILY OR MEDICAL LEAVE

This form must be completed and returned to the Human Resources office when you request family or medical leave. If leave is for a “serious medical condition,” the attached certification is required within 15 days of this request, or the Leave may be denied. Please contact Kris Codron for additional information.

Employee’s Name _____

Date _____

Department _____

Position Title _____

Hire Date _____

Supervisor or Dept. Head _____

I am requesting a leave of absence from _____ to _____ for the reason checked below:
(date) (date)

- Employee’s own serious health condition/pregnancy
- Parental care of child following birth
- Placement of a child with employee for adoption or foster care (under 18 years of disabled)
- Serious health condition of employee’s spouse, same sex domestic partner, child, stepchild, parent, or parent-in-law
- To care for an employee’s child with an illness or injury, that is not a “serious health condition”
- Because of any qualifying contingency arising out of the fact that the spouse, or a son, daughter or parent of the employee is on active duty (or has been notified of an impending call or order to active duty) in the Armed Forces in support of a contingency operation.

Is leave request for ____ a single block of time, or ____ intermittent/reduced work schedule?

Please provide an estimate of the time you will be away from work, if intermittent/reduced work schedule requested.

I understand that failure to return to work at the end of my approved leave period may be treated as a resignation unless an extension has been agreed upon and approved by Human Resources. Also, I may be replaced in my current position if my absence exceeds 12 weeks.

Employee’s Signature

Date

Supervisor or Dept. Head Signature

Date

Please return this form to Kris Codron, Human Resources, Box 72 or fax to 503-768-6233