

## LEAVE OF ABSENCE REQUEST FOR FAMILY OR MEDICAL LEAVE

This form must be completed and returned to Human Resources to initiate a family or medical leave request.

Name:	Contact Email During Leave:	
Department:	Today's Date:	Hire Date:
Position Title:	Supervisor or Department Head:	
Leave Start Date:	Anticipated Return to Work Date:	
This leave request is for: <input type="checkbox"/> A single block of time <input type="checkbox"/> A reduced work schedule- provide detail below <input type="checkbox"/> Intermittent leave- provide detail below		

Please provide the anticipated **reduced work schedule**, or an estimate of the frequency and duration of **intermittent** leave:

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I am requesting a leave of absence for the following reason:

- \*My own serious health condition/pregnancy
- \*Serious health condition of my family member- please specify relationship to you: \_\_\_\_\_
- Parental care of my child following birth- Child's date of birth, or estimated due date: \_\_\_\_\_
- Placement of my child for adoption or foster care (under 18 years old, or disabled)
- To care for my child with an illness or injury that is not a "serious health condition"
- Bereavement for the death of a family member
- Military Leave
- Qualifying contingency due to my spouse, son, daughter, or parent being on active duty, (or being notified of an impending call or order to active duty) in the Armed Forces, in support of a contingency operation.
- Safe Leave- employee, or employee's minor child or dependent experiencing sexual assault, domestic violence, harassment or stalking

By signing below, I confirm that I have notified my supervisor of my intent to take a leave of absence. I also confirm that I understand my failure to return to work at the end of my approved leave period may be treated as a resignation, unless an extension has been approved by Human Resources.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

**Please return this form to Human Resources, Box 72, [hr@lclark.edu](mailto:hr@lclark.edu), or fax to 503-768-6233**

\*Please do not include any personal health information (PHI) or medical details on this form. Once this request is received in HR, you will be notified of any required medical documentation. Please contact Human Resources if you have any questions.