Request for Leave of Absence – FMLA/CFRA/PDL

To be completed by employee requesting leave:

_____ _____ _____

Employee Name EE# Application Date

Reason for leave:

☐ Medical – self ☐ Medical – immediate family ☐ Birth/Adoption/Foster Care ☐ Pregnancy Disability Leave

☐ Caring for military service member ☐ Leave due to a qualifying exigency relating to military service

Expected date that leave begins: _____
Probable duration of leave: _____
Expected date that leave ends: _____

My Work Schedule is: (Check one)

☐ 5/40 ☐ 9/80 ☐ 4/10 ☐ 3/56 or _____/_____ days per week/hours per day

Schedule days off are: _____ and _____ and _____

My Supervisor is:_____

Leave will be:

☐ Continuous ☐ Intermittent

If requesting intermittent leave, please provide any known information regarding the intermittent or reduced leave schedule you are requesting:

_____

_____

During my leave, I can be reached at:

_____
Address

_____ ____ _____-_____
City State Zip

(_____)_____-_____ _____
Phone Number Email

I also understand that I am required to provide timely medical certification for my leave, and notify _____ (the department) and provide additional medical certification should it be necessary to extend the leave.

Please refer to the Family and Medical Leave Policy and/or Pregnancy Disability Leave Policy in the Leave of Absence Guide for more information.

_____ _____
Employee's Signature Date

_____ _____
Department Personnel Date

12052018