LEAVE OF ABSENCE REQUEST FORM (STD or LOA)

I. EMPLOYEE SECTION

Employee Name: _____ Department: _____

1. Please check the type of leave and the dates requested:

- □ Paid-Time-Off to be used on the following date(s): _____
- □ Short-Term Disability on the following date(s): _____
- □ Leave of Absence on the following date(s): _____
- □ Leave without pay on the following date(s): _____

NOTE: Leave without pay must be approved by Executive Director; available PTO must be exhausted before requesting Leave without pay.

2. Indicate reason for requested Leave:

- □ because of the birth of your son or daughter and in order to care for the child. (Leave must be concluded 12 months after the child's birth)
- □ because of a son or daughter's placement with you for adoption or foster care. (Leave must be concluded 12 months after the child's placement)
- □ in order to care for your spouse, son, daughter or parent who has a serious health condition.
- □ because of your own serious health condition that makes you unable to perform your job functions.
- □ due to a qualifying exigency arising out of the fact that your spouse, son, daughter or parent is on, or called to, active military duty.
- □ in order to care for your spouse, son, daughter, parent or nearest blood relative who is a seriously ill or injured recovering military service member.

3. Provide any additional information explaining your request: _____

_____

_____

_____

4. Submit this request to your Executive Director.

Employee Signature: _____ Date signed: ____/____/____

NOTE: This approval may be rescinded if you do not have enough Paid-Time-Off or STD hours available on the date(s) requested.

II. <u>SUPERVISOR SECTION</u>

Date request was received: ____/____/____

Your request has been: □ Approved □ Denied □ Referred to the Administrator

Comments: _____
_____
_____

Executive Director Signature: _____ Date Signed: ____/____/____