



# REQUEST FOR LEAVE OF ABSENCE/FMLA FORM

Name (please print): \_\_\_\_\_  
Last First Middle

Employee number: \_\_\_\_\_

Job Title/Work Location: \_\_\_\_\_

I request a Leave of Absence from my duties for the following reason checked below.

- Maternity/Parental (FMLA) physician's statement must be attached (HUM-A031)
- Recuperation of Health (FMLA) Physician's statement must be attached. (HUM-A016)
- Bereavement Leave (HUM-A061)
- Adoption/Foster Care Placement (FMLA) (HUM-A016)
- Advanced Educational Study (HUM-A017)
- Military Leave (HUM-A016)
- Military Service Leave (HUM-A024)
- Legislative Service (HUM-A006)
- Other Sufficient Reason (HUM-A033)

\* Accrued sick leave will be charged for maternity during the period of mother's physical disability.  
 \* Accrued sick, personal and annual leave will be charged if on FMLA for recuperation of health.

Last day I will work: \_\_\_\_\_  
Month Day Year

First day I will return to work: \_\_\_\_\_  
Month Day Year

**\* Incomplete forms or forms without supporting documentation will not be processed.**

I have read the rules/procedures for requesting a leave of absence. Documentation necessary to support this leave request is attached. \_\_\_\_\_

Signature of Employee Date

I have reviewed this request. Proper procedures, including thirty (30) days advance notice, were followed. This leave of absence is in compliance with the administrative policy HUM-A\_\_\_. \_\_\_\_\_

\_\_\_\_\_  
Signature of Immediate Supervisor Date

\_\_\_\_\_  
Signature of Human Resource Designee Date

Approved  Disapproved

Copy for: HR Department, Immediate Supervisor, Employee, Benefits/Payroll