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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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| **Employee** | | | | | | | | | |
| Request for:  New Leave or  Extension of Existing Leave | | | | | | | | | |
| Name | | | | | | | | Employee ID No. | |
| Click here to enter text. | | | | | | | | Click here to enter text. | |
| Department | | | | Date Leave Begins | | | | Date Leave Ends | |
| Click here to enter text. | | | | Click here to select a date. | | | | Click here to select a date. | |
| Purpose of Leave (Do **not** provide specific medical information here.) | | | | | | | | | |
| Click here to enter text. | | | | | | | | | |
| Type of Leave Requested (Please contact your HR Representative to discuss benefits continuation or FMLA.) | | | | | | | | | |
|  | Medical – Unpaid (Not-FMLA, attach supporting physician’s statement with return to work date included.) | | | | | | | | |
|  | Military – Unpaid (Attach copy of military orders.) | | | | | | | | |
|  | Personal – Unpaid | | | | | | | | |
| Employee Signature | | | | | Date | | | | |
|  | | | | |  | | | | |
| Employee: Complete and attach any required documentation. Make a copy of form and any attachments. Keep the copy and forward original to your department manager. | | | | | | | | | |
|  | | | | | | | | | |
| **Department** | | | | | | | | | |
| Military Leave Request: | | | Acknowledged | | | | | | |
| Medical or Personal Leave Request: | | | Approved | | Denied | | | | |
| Department Manager Signature | | | | | Date | | | | |
|  | | | | |  | | | | |
| Department: Make a copy of form and any attachments for your records. If leave request acknowledged or approved, forward original to Human Resources. If leave request is denied, return original to employee. *Leave approval contingent upon employee meeting eligibility requirements as determined by Human Resources.* | | | | | | | | | |
|  | | | | | | | | | |
| **Human Resources** | | | | | | | | | |
| Employee meets eligibility requirements for requested leave: | | | | | | Yes | No | | |
| Comments: | | | | | | | | | |
| HR Rep: | | | | | Date: | | | | |
| HRA: | | | | | Date: | | | | |
| JOB: | | Health/COBRA: | | | Life: | | | | LTD: |