

INTERMITTENT LEAVE OF ABSENCE REQUEST FORM

Employee Name (Last, First, Middle Initial)			Employee ID #	
Employee's Alternate E-Mail Address			Employee's Home and/or Cell #	
Requested Start Date			Anticipated Return Date	

A Family Leave of Absence is normally an unpaid leave. Paid leave (accrued sick, vacation, or CTO) may be substituted for all or a portion of the unpaid leave in accordance with appropriate policies/contracts.

REASON FOR LEAVE OF ABSENCE:

- ☐ OWN INJURY/ILLNESS (NOT WORK RELATED)
- ☐ CARE FOR INJURED/ILL FAMILY MEMBER
- ☐ PREGNANCY/DISABILITY
- ☐ CARE OF NEWBORN/PLACED CHILD (INTERMITTENT CHILD BONDING CAN BE TAKEN IN INCREMENTS OF MINIMUM OF 2 WEEKS AT A TIME)
 - ☐ DATE OF BIRTH/PLACEMENT ____/____/____
- ☐ OTHER (SPECIFY): _____

After I exhaust my sick time, I wish to use paid leave as indicated below:

- ☐ Vacation
- ☐ Accrued Compensatory Time

Employee's Signature	Date	Telephone

Name of Supervisor or Department Head (Please print)	Supervisor or Department Head's Signature of Acknowledgement	Date	Telephone