

# Request for Leave of Absence or Accommodation

Employee Name:

Job Title:

Date of Hire:

Regular Work Schedule:

Day Time Telephone Number:

Manager's Name:

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## Employee Statement:

I, \_\_\_\_\_, request a leave of absence to begin on \_\_\_\_\_ and to end on

\_\_\_\_\_ for the following reason:

Accommodation Request – *Please complete section B at the bottom of the page.*

Personal- Medical (if not FMLA eligible)

Personal Non-Medical

Military

FMLA – Please select a reason below:

Care of a newborn or newly adopted child, or newly placed foster child

Care of the staff member's spouse, parent or child with a serious health condition

Staff member's own serious health condition, which makes the staff member unable to perform his/her job

Exigency arising out of the fact that your spouse, child or parent is on active duty or call to active duty status in support of a contingency operation as a member of the National Guard or Reserves.

Other, please specify: \_\_\_\_\_

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I certify that the information contained on this Request Form is complete and correct. I also understand that additional information, including medical documentation, may be required for the Leave of Absence requested.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Section B:** Please describe the nature of your accommodation request along with your suggestion for a reasonable accommodation. Additional medical documentation may be required.