



Leave Request Form

Employee Name: _____ Employee SS#: _____

Position Title: _____ Date of Hire: _____

Dates Requested _____
_____ Estimated -or- Exact Days

Total # of Business Days Absent (do not include holidays): _____ Total Hours: _____

Purpose of Leave _____

Does Leave Qualify for Protection under the Family Medical Leave Act? Yes No

Explain FMLA Status: _____

Sick Days Available on First Date of Absence		Number of Sick Days to Use during Leave	
Personal Days Available on First Date of Absence		Number of Personal Days to Use during Leave	
Vacation Days Available on First Date of Absence		Number of Vacation Days to Use during Leave	
Number of Holidays Occurring during Leave		Number of Holidays Paid during Leave	
Does Leave Qualify for ST Disability Pay (Y/N)		Total Days of Full Pay under ST Disability Plan	
Total Number of Days Unpaid		Total Days of 2/3 Pay under ST Disability Plan	

Total Days Paid _____ + **Total Days Unpaid** _____ = **Total Days Absent** _____
Total Days Absent in This Equation Should Equal Stated Business Days Absent from Above

How will the position's responsibilities be covered during the leave? _____

Available by phone while absent: No Yes Number: _____

Available by email while absent: No Yes Email: _____

Employee Signature

Date

Authorized By (Signature)

Title

Date