



# 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