



Please complete leave request form at earliest opportunity.

Leave Request Form

| EMPLOYEE REQUEST | | | | | |
|--|------------|--------|-----------|------------------------------------|-------------|
| LAST NAME, FIRST NAME, MI | | | | Last 4 Digits of Social Security # | |
| Job Title | | Client | | City, State | |
| LEAVE START | | | LEAVE END | | |
| DATE | START TIME | DATE | END TIME | RETURN DATE | TOTAL HOURS |
| Purpose: <ol style="list-style-type: none"> 1. Diagnosis, care, or treatment of the employee or the employee's family member who has a mental or physical illness, injury, or health condition or for preventative care. For purposes of this policy, "family member" includes spouses, domestic partners, biological parents or children, adoptive or foster parents or children, grandparents, grandchildren, parents-in-law, or other individuals with whom the employee had or has a relationship in loco parentis; 2. Pregnancy, childbirth, post-partum care, or preventative care; 3. To care for an infant or newly adopted child under 18 years of age, or for a newly placed foster child under 18 years of age, or for an adopted or foster child older than 18 years of age if the child is incapable of self-care because of a mental or physical disability; 4. Reasons related to domestic violence, harassment, sexual assault or stalking, that affect the employee or the employee's minor child or dependent, including to seek legal or law enforcement, medical treatment, counseling, victim services or to relocate or secure safe housing; 5. To deal with the death of a family member within 60 days of learning of the death; 6. Closure of work, school, or childcare by order of a public official due to a public health emergency; 7. To care for family member whose presence in the community would jeopardize the health of others as determined by lawful public health authority or by the family members health care provider. 8. Exclusion of employees from workplace for health reasons, as required by law; 9. Vacation; 10. Personal leave; or 11. Other reasons as provided by applicable law. | | | | | |
| Employee Comments: | | | | | |
| Employee Signature: | | | | Date: | |

NOTE: Hours to be considered Paid Time Off will be calculated during the payroll process of the week following the leave (E.g. If leave is taken 2/3 - 2/5/2014, Payroll Dept will determine amount of PTO available 2/10/2014).

EMPLOYER RESPONSE

Official Action:

- Approved
- Acknowledged (leave has already occurred; or for reason 1 - 8, or 11).
- Denied

Employer Comments:

Employer Signature:

Date: