

LEAVE OF ABSENCE REQUEST FORM

Member Name _____

TO BE COMPLETED BY EMPLOYEE - Please type or print

1. Name of employee _____

First

Middle Initial

Last

2. Employee's Position _____

- a. () Birth of a son or daughter of the employee and in order to care for such son or daughter.
- b. () Placement of a son or daughter with employee for adoption or foster care.
- c. () In order to care for () spouse, () child or () parent ("covered relation") with a serious health condition.
- d. () Because of my own serious health condition which makes me unable to perform the functions of my position.
- e. () Military duty (provide assignment dates) _____
- f. () Other (please explain) _____

3. Date on which you wish to commence leave. _____

4. Date of anticipated return to work. _____

5. Are you requesting leave on an intermittent or reduced leave schedule? () Yes () No

6. If "yes", please attach dates and times of your availability.

Employee Signature

Date

TO BE COMPLETED BY SUPERVISOR

() Request for leave granted. (See Avitus Group for Federal form WH-381)

Date employee is to return to work _____

() Request for leave denied. Reason _____

Supervisor Signature

Date