

## Staff Leave of Absence Notice

Employee Name:

Banner ID:

Title:

Department:

Effective Dates:

Leave Start Date:

Expected Return Date:

Reason for Requesting Leave:

- |   |  |
|---|--|
| <input type="checkbox"/> Employee's own serious health condition                                    | <input type="checkbox"/> Military exigency (FMLA)  |
| <input type="checkbox"/> Sick child home care (OFLA)  | <input type="checkbox"/> Military caregiver (FMLA) |
| <input type="checkbox"/> Parental leave (incl. adoption)  | <input type="checkbox"/> Military service          |
| <input type="checkbox"/> Spouse called to military duty   | <input type="checkbox"/> Other, please explain.    |
| <input type="checkbox"/> Serious health condition of family member<br>(specify relationship: _____) |  |
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Please choose one:

- I intend to use my available  sick and/or  vacation time to cover my leave.  
 I am requesting unpaid leave.

I have alerted my supervisor for coverage planning.  Yes  No

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\* Please retain a copy of this form for your records, and forward the original to Human Resources, Waldschmidt Hall 503, MSC 168\*\*