



Leave Request Form Other than Family Medical Leave (FMLA)

(The following request is to be completed and returned to the Human Resources Office)

Employee's Name

Employee Number

Employee's Department

Date

Is your reason for requesting leave due to an injury?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes: Did the injury occur at work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did the injury occur away from work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What was the date of injury?	_____	
Is there litigation pending?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was the onset of the injury:	<input type="checkbox"/> N/A	<input type="checkbox"/> Gradual <input type="checkbox"/> Sudden

What date does your leave begin: _____

What is expected date for your leave to end: _____

Which of the following reason is your request for leave:

- Medical / Non-Family Medical Leave, Etc.) where the employee does not qualify under FMLA guidelines or any of the reason that may apply;
- Personal leave provided the reason is valid and it will not adversely affect the operation of a department. A written request is to be submitted stating reason for personal leave;
- Educational leave of absence in accordance with established guidelines;
- Military Leave for the period of military training specified in the orders issued to the employee by the military authorities. The duration of training of this type will not usually be less than six (6) months; or
- Other to be granted upon manager's discretion (Please specify)

I can be reached at the following address and phone number during my leave:

Employee's Signature

Date

Manager's Signature