



Request for Leave of Absence

PLEASE COMPLETE/SUBMIT THIS FORM TO THE OFFICE OF HUMAN RESOURCES 30 DAYS IN ADVANCE OF LEAVE, IF POSSIBLE.

EMPLOYEE INFORMATION			
Employee Name (First, Last, Middle Initial)			
Home Address	City	State	Zip
Job Title/ Department	Telephone Number _____ <input type="checkbox"/> HOME <input type="checkbox"/> CELL		
ABSENCE INFORMATION			
<input type="checkbox"/> This is a new request.		<input type="checkbox"/> This is an update to an existing request.	
Requested Start Date:	Anticipated Return Date:		
TYPE OF LEAVE			
<input type="checkbox"/> Consecutive Leave of Absence		<input type="checkbox"/> Intermittent Absence (information required below)	
<i>For Intermittent Absences, describe your intermittent or reduced work schedule (e.g., "up to 2-3 sick days a month per doctor"). This must be medically necessary and documented in a current medical certification form from your health care provider.</i>			
REASON(S) FOR LEAVE			
Please indicate the applicable reason(s) for your leave below. If you require additional information about leave types and their qualifying criteria, please visit BCOM Policy and Procedures .			
<input type="checkbox"/> Family Medical Leave <input type="checkbox"/> Employees Own Serious Health Condition (not work related) <input type="checkbox"/> Care for Ill Parent, Spouse, Child or Domestic Partner <input type="checkbox"/> Pregnancy Leave/Baby Bonding (Care for Newborn/Placed Child) <i>Provide the Date of Birth/Placement of Child: _____</i> <input type="checkbox"/> Military Leave <input type="checkbox"/> Workplace Injury / Worker's Compensation <input type="checkbox"/> Personal Leave (Non-Medical Reason)			
DISABILITY BENEFITS			
<input type="checkbox"/> I will file a claim for Disability benefits.			
TIME OFF			
A leave of absence may consist of leave without pay and/or paid leave (vacation, sick leave, and special holiday). Paid leave may be used in accordance with applicable policy. You may use paid leave to cover the seven (7) day waiting period for Disability/PFL benefits. I request to use the following leave categories:			
Type	Number of Hours	Dates: From	Through
Vacation	_____	_____	_____
Sick Leave	_____	_____	_____
Leave w/o Pay	_____	_____	_____
<input type="checkbox"/> I have verified that I have sufficient accrued leave to take the above requested paid leave.			
APPROVALS			
Employee Signature: _____		Date: _____	
Supervisor Signature: _____		Date: _____	
HR Approval: _____		Date: _____	
Dean/President Approval: _____		Date: _____	