

Employee Request for Leave

This form must be completed and returned to the office responsible for Research Foundation employees before any request for leave will be approved. Questions about leave or this form should be directed to the office responsible for Research Foundation employees.

Part I: Leave Request Data

Employee's Name: _____
(please print or type)

Employee Number: _____

Reason for Request: Check one

- Birth of Child Placement for Adoption/Foster Care
 Serious Health Condition of Employee Bond with a newborn
 Care for Seriously Ill Family Member

If checked, provide name of seriously ill family member and relationship to employee

Name: _____ Relationship _____

- Because of a qualifying exigency arising out of the fact that your spouse, son/daughter, or parent is on active duty or call to active duty status in a foreign country as a member of the Armed Forces, National Guard or Reserves.
 Because you are the spouse, son/daughter, parent or next of kin of a covered service member with a serious injury or illness
 Because you are the spouse, son/daughter, parent or next of kin of a veteran with a serious injury or illness

If checked, provide name of seriously ill family member and relationship to employee

Name: _____ Relationship _____

- Other Leave. If checked, specify: _____

Date the request leave is to begin _____ Date you expect to return to work _____

Are you requesting intermittent leave? No ___ Yes ___ If YES, explain intermittent periods.

Are you requesting a reduced work schedule for leave? No _____ Yes ___ If YES, explain schedule requested.

Have you previously been approved for leave? No ___ Yes ___ If YES, give the dates of the leave period:

Part II: Employee Entitlement and Certification

I understand that I am responsible for notifying the Research Foundation immediately of any change(s) in the leave request outlined above.

Employee's Signature: _____ Date: _____