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: ___________________________ Employee Number: _____

(please print or type)

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: ______________
