

## 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: \_\_\_\_\_