**Leave of Absence Request**

complete and return this request to your supervisor 30 days in advance of Leave, if possible

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| **employee information** |
| **Employee Name (First, Last, Middle Initial)**      |
| **Job Title/ Department**      | **Telephone Number**       |
| **absence information** |
| [ ]  This is a new request [ ]  This is an update to an existing request |
| Requested Start Date: | Anticipated Return Date:  |
| **TYPE OF 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 the [Employee Handbook.](https://hr.fvcc.edu/policy-procedures/)  |
| **Medical Leave**  |
|  [ ]  Employee’s Own Serious Health Condition (not work related)\* [ ]  Consecutive dates of absence [ ]  Intermittent leave. Outline of work schedule must be attached  [ ]  Medical Care for Immediate Family Member (as defined by law or collective bargained agreement) \***\* *For leaves due to your own or a Family Member’s Serious Health Condition, medical certification is required.*** |
|  [ ]  Workplace Injury / Worker’s Compensation  |
|  [ ]  Military Leave: Active Duty, Military Caregiver |
|  [ ]  Other Medical Leave **(**when employee is ineligible for any other leaves) |
| **BEREAVEMENT LEAVE** |
| Number of days requested, up to two days for an immediate family member as defined by law or collective bargained agreement: Family member name and relationship: Date and location of service:  |
| **LEAVE WITHOUT PAY** |
| Employee must not be eligible for leave, have exhausted vacation accruals, or have available vacation accruals booked and approved in Paycor. Supervisory approval is required for workforce planning and staffing coverage. Employee will not accrue leave and will not be eligible for holiday pay during an unpaid leave of absence.**Number of Days Requested:       Proposed Dates of Absence:****Number of Prior Days of Leave Without Pay during this fiscal year:****Purpose of Leave:** |
| **I understand and agree to the terms of this leave.**Employee Signature: Date: |
| **SIGNATURE APPROVALS** |
| Supervisor Signature: Date:HR Signature: Date:President Signature: Date: |
| **APPROVED FORM MUST BE SUBMITTED TO HR PRIOR TO LEAVE EFFECTIVE DATE** |