



Request for Leave of Absence

To be completed by employee requesting leave:

Employee Name EE# Date

Reason for leave:

- Medical – self Medical – immediate family Birth/Adoption/Foster Care Pregnancy Disability Leave
- Caring for military service member Leave due to a qualifying exigency relating to military service
- Other _____

Your qualifying family member you are needed to care for due to a serious health condition or military leave is your:

- Spouse Parent Child Child 18+ Domestic Partner Grandparent Grandchild Sibling

Expected date that leave begins: _____
 Probable duration of leave: _____
 Expected date that leave ends: _____

My Work Schedule is: (Check one)

- 5/40 9/80 4/10 3/56 or ____/____ days per week/hours per day

Schedule days off are: _____ and _____ and _____

My Supervisor is: _____

Leave will be:

- Continuous Intermittent

If requesting intermittent leave, please provide any known information regarding the intermittent or reduced leave schedule you are requesting:

During my leave, I can be reached at:

Address

City State Zip

(____) _____
Phone Number

My preference to receive my LOA paperwork is via:

(Please select all that apply)
USPS Personal Email Work Email

Personal Email

Work Email

I also understand that I am required to provide timely medical or other valid certification for my leave, and notify _____ (the department) and provide additional certification should it be necessary to extend the leave.

Please refer to the employee's applicable Memoranda of Understanding (MOU) or County Policy for more information on leave of absences.

Employee's Signature

Date

Department Personnel

Date

Please return to: _____

Or via fax: _____