



## Request for Medical Leave\*

EMPLOYEE INFORMATION			
<b>Employee Name (First, Last, Middle Initial)</b>			
<b>Home Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Job Title/ Department</b>	<b>Telephone Number</b> _____ <input type="checkbox"/> HOME <input type="checkbox"/> CELL		
ABSENCE INFORMATION			
<input type="checkbox"/> This is a new request.		<input type="checkbox"/> This is an update or extension to an existing request.	
Requested Start Date:	Anticipated Return Date:		
<input type="checkbox"/> Full-Time Medical Leave		<input type="checkbox"/> Part-Time Medical Leave	
<input type="checkbox"/> Intermittent Medical Leave			
<u>For Part-Time Medical Leave or Intermittent Medical Leave</u> , describe your proposed reduced or intermittent work schedule:			
REASON(S) FOR LEAVE			
Please indicate the applicable reason(s) for your leave below.			
<input type="checkbox"/> Employees Own Serious Health Condition			
<input type="checkbox"/> Care for Ill Parent, Spouse/Partner, Child or Partner			
<input type="checkbox"/> Maternity/Child Care/Adoption Leave			
LEAVE OF ABSENCE CATEGORIES			
Employee Signature:	Date:	Employer Signature:	Date:

**\*Please also include with this request the verification from your healthcare provider required by Section III(B) of the School's Medical Leave Policy.**