



# Request for Leave or Approved Absence

**INSTRUCTIONS FOR EMPLOYEE:** Sign and submit completed form to your supervisor.

**Name (Last, First, Middle):** \_\_\_\_\_

**Last 4 digits of SSN:** \_\_\_\_\_

**Date of Hire:** \_\_\_\_\_

**Day(s) Off Requested:** \_\_\_\_\_

**Return-to-Work Date:** \_\_\_\_\_

**Type of Leave:** \_\_\_\_\_

Non-Overhead Employees, Exempt and Non-Exempt, will be paid leave in accordance with client contract, collective bargaining agreement and/or federal, state or local laws or regulations. If Family or Medical Leave (FMLA) is requested, please include reason.

I understand that leave must be requested and approved in advance, where foreseeable. I understand that I must provide sufficient information so the proper type of leave can be determined. I understand that I am responsible for keeping my supervisor informed of any change in this request. I certify that the leave/absence request above is for the purpose(s) indicated. I understand that I must comply with company procedure for requesting leave/approved absence (and provide additional documentation, including medical certification, if required) and that falsification of information on this form may be grounds for disciplinary action up to and including termination of employment.

**Employee Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## TO BE COMPLETED BY LOCAL OFFICE ADMINISTRATIVE STAFF

MEDICAL INFORMATION IS CONFIDENTIAL AND MUST BE KEPT IN SEPARATE FILES WITH LIMITED ACCESS (AND NOT IN PERSONNEL FILES). Complete definitions of the various types of leave and the rules governing their use are found in the policy manual. Additional information and assistance is available from Corporate Human Resources. Local office management is responsible for approving and certifying the use and type of leave.

**Indicate Type of Leave Approved:** \_\_\_\_\_

**Indicate Number of Hours** \_\_\_\_\_

**SUPERVISOR APPROVAL**

**MANAGER (FIELD/HQ) APPROVAL**

**DATE**

**DATE**