

## REQUEST FOR LEAVE OF ABSENCE

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_  
Date of Hire: \_\_\_\_\_ Last 4 digits of SSN: \_\_\_\_\_  
Position: \_\_\_\_\_ Department: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Leave Start Date: \_\_\_\_\_ Leave End Date: \_\_\_\_\_

**Leave Type:** *(Check all that apply)*

- Disability
- Military
- (FMLA) Family Medical Leave Act
- Extended FMLA Dependent Care Benefit (COVID)
- (PFL) Paid Family Leave
- Workman's Compensation
- Personal

**Purpose:** *(Check all that apply)*

- Illness/injury/incapacitation of requesting employee
- Care of family member with a serious health condition
- Parental Leave (Birth, Adoption, Foster Placement)
- COVID related
- Other

1. Have you taken a leave of absence in the past 12 months?  YES  NO
2. Is this a request for intermittent leave?  YES  NO
3. Is this a work-related illness or injury?  YES  NO *If yes, please complete an injury report so a Workers' Compensation claim can be filed within 5 days of the injury.*

I certify that the leave of absence requested above is for the purpose(s) indicated. I understand that I must comply with Daemen's procedures for requesting leave and provide additional documentation, including medical certification, military documentation, etc. In addition, I recognize that I will need to make arrangements for payment of my health/benefit premiums either as a payroll deduction, pre-payment prior to leave, or monthly payment plan as arranged with the Employee Engagement Office.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date