



# LEAVE REQUEST

Equal Opportunity, Inclusion & Resolution Services, 005 Steele Hall – 443-5367

Employee Name \_\_\_\_\_

SUID# \_\_\_\_\_

Bargaining Unit Employee? \_\_\_\_\_

Yes

No

The information below will enable Human Resources to determine the type of leave for which you qualify. If it is determined you are eligible for Family/Medical Leave, you will receive further information from Human Resources outlining your rights and benefits under the Family/Medical Leave Act.

Date Leave Begins \_\_\_\_\_

Date of Expected Return \_\_\_\_\_

Type of Leave (explain below): \_\_\_\_\_

Medical (for your own illness/injury)

Family (indicate relationship)

Personal/Educational

Military

Public Service

Provide additional information in this section that will assist Human Resources in approving and classifying your leave request. For example, if you checked "Family", indicate the reason, i.e. relative's illness, childcare, etc.

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

Department Approval \_\_\_\_\_ Date \_\_\_\_\_

Dean/Director Approval \_\_\_\_\_ Date \_\_\_\_\_

EOIRS Approval \_\_\_\_\_ Date \_\_\_\_\_

Notes:

