REQUEST FORM FOR NON-FMLA LEAVE

Employee’s name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of request:

My department and job title are:

My supervisor is:

My seniority date is:

I request a leave of absence for the following reason:

 Personal illness or injury

 Illness or injury of a family member

 Military duty

 Jury duty

 Subpoenaed as witness

 Other

I would like the leave to begin on:

I expect to return to work on:

Address and phone number while on leave:

Employee’s Signature Date