



EMPLOYEE'S REQUEST FOR FAMILY OR MEDICAL LEAVE

Today's Date: \_\_\_\_\_

Employee's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Does your spouse work for the Colleges?                      Yes                      No

Reason for taking leave (please check one):

To care for my child after birth or placement in adoption or foster care:

To care for my spouse, child, or parent who has a serious health condition; or

My own serious health condition makes me unable to perform at least one of the essential functions of my job.

For leave to be taken all at once, rather than intermittently or on a reduced schedule:

Date I want leave to start: \_\_\_\_\_

Date I expect to return to work: \_\_\_\_\_

For leave to be taken intermittently or on a reduced schedule:

Schedule of time needed off: \_\_\_\_\_  
\_\_\_\_\_

*Note: Intermittent or reduced-schedule leave for the birth or placement of a child must be approved by the Colleges.*

Employee's Signature: \_\_\_\_\_  
Date

Supervisor's signature: \_\_\_\_\_  
Date

Human Resources: \_\_\_\_\_  
Date