



REQUEST FOR LEAVE OF ABSENCE

Last Name: _____ First Illness/injury/incapacitation of requesting employee

- Care of family member, including medical/dental/ or bereavement
- Care of family member with a serious health condition
- Parental Leave (Birth, Adoption, Foster Placement)
- 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 copy can be provided to the Employee Engagement Office.

I certify that the leave/absence requested above is for the purpose(s) indicated. I understand that I must comply with Daemen's procedures for requesting leave/approved absence 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