Wesley College

Leave of Absence Request Form

Employee Information

Employee's Name: _____ Employee ID # _____

(Last) *(First)* *(MI)*

Address: _____

Title: _____ Full-Time: ☐ Part-Time: ☐

Manager: _____ Department: _____

Are you currently participating in the Wesley College Tuition Assistance Program?

Leave Dates (Continuous or Intermittent)

Estimated Start Date: _____ Estimated Return Date: _____

☐ Leave is requested on an intermittent or reduced leave schedule. Indicate the days of the week and/or hours during the day you will be absent:

Reason for Leave

☐ Leave for my own serious health condition (briefly describe): _____

_____

☐ Leave for the birth of a child or placement of a child for adoption or foster care. Indicate the expected date of birth or placement.

_____
(Date)

☐ Leave to care for a family member with a serious health condition. Specify the family member's name and relationship to you:

_____ _____
(Name) (Relationship to You)

☐ Leave to care for a qualifying exigency arising out of the fact that your ☐spouse/☐ child/☐parent is on covered active duty (duty during deployment to a foreign country as a member of the Armed Forces). Specify the covered active duty military member's name:

_____
(Name)

☐ Leave to care for a ☐ spouse/☐ child/☐ parent/☐ next of kin who is a covered servicemember, member of the Armed Forces with a serious injury or illness that was incurred or aggravated in the line of duty on active duty or a veteran who is undergoing medical treatment for a serious injury or illness that occurred any time during the 5 years preceding the date of treatment. Specify the covered servicemember's name:

_____
(Name)

☐ Military leave of absence

Note: Documentation will be required to substantiate the reason for leave as indicated above.

_____
(Signature of Employee or Designee) (Date)

(If employee is not available to sign request, note verbal conversation above. Include date of the conversation and the signature of the person who completed the form.)