

## Request for Leave of Absence

Date of Request:		Employee Name:	
Department:		Job Title:	
Work Phone:		Home/Cell Phone:	

**I request a Leave of Absence due to:**

- Non-FMLA (Family Medical Leave Act) Medical Leave
- Voluntary Leave of Absence

Explanation of Leave:

**For the following dates:**

- Continuous leave from: \_\_\_\_\_ to \_\_\_\_\_
- Intermittent leave according to the following schedule:

**Employee Statement:** I understand that I must provide documentation to support this leave request. This includes but is not limited to, as applicable to the type of leave requested: a completed Certification of Health Care Provider form, proof of childbirth or placement of child, or documentation from the United States government for the family member with the details of the call to active duty. I understand that, upon receipt of sufficient documentation and/or information, YC will notify me as to the approval of this leave and will inform me in writing of the specific expectations and obligations required by the College. If this documentation and/or information is not received in the required time frame, my leave may be considered unauthorized.

<b>Employee Name (Print)</b>	<b>Signature</b>	<b>Date</b>
<b>Supervisor or Designee Name (Print)</b>	<b>Signature Approval</b>	<b>Date</b>
<b>Vice President/Dean/Director (Print)</b>	<b>Signature Approval</b>	<b>Date</b>
<b>Human Resources or Designee Name (Print)</b>	<b>Signature Approval</b>	<b>Date</b>