

FACILITY SERVICES
Request For Leave

Name (Last)	(First)	(Middle Initial)	Date
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Position (circle one): Custodial Grounds Maintenance Other **Building/Location:**

I request leave
 Beginning _____ (time) A. M. P. M. _____ (date), _____ (year), and
 Ending _____ (time) A. M. P. M. _____ (date), _____ (year)

REASON for LEAVE:
(Mark Appropriate Boxes Below)

Sick Leave # of Hours _____ (Explain in Employee Notes/Remarks)

Vacation # of Hours _____ **Personal** # of Hours _____

Scheduled Leave Without Pay (Explain in Employee Notes/Remarks)

Civic Responsibility: (mark one) Jury Duty Witness Duty
 (Attach copy of subpoena or summons)

Event Date

Adoption / Childbirth Leave
 (Attach copy of orders, or other appropriate documentation, that supports request for Military leave)

Military With Pay **Military Without Pay**

Bereavement Name of Deceased Relationship Date of Death

EMPLOYEE NOTES/REMARKS:

Pending Disability² **Pending Workers' Compensation²**

<input type="checkbox"/> Other (Explain in Employee Notes/Remarks)	Is this absence due to a condition for which an FMLA Certification form is on file with HR? See important NOTE 2 below. <input type="checkbox"/> Yes <input type="checkbox"/> No	Total Hours Requested
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I have insufficient leave for the above request. I request the following leave be used in lieu of the leave requested above:

Vacation Personal

Unpaid Time Off (Explain in Employee Notes/Remarks)
See important NOTE 1 below

I certify that this request for leave form contains true, accurate and complete information and complies with the applicable leave regulation and the Collective Bargaining Agreement.

Employee Signature

Administrative Action

<p>NOTE 1: <i>The employee will be placed on an unpaid status for the period selected and progressive discipline may be initiated</i></p> <p>NOTE 2: <i>This request complies with the Genetic Information Nondiscrimination Act of 2008 (GINA)</i></p>	<p><input type="checkbox"/> Authorized <input type="checkbox"/> Not Authorized</p> <hr/> <p>Supervisor Signature/Date</p> <hr/> <p>For Unpaid Leave Only - Human Resources Signature/Date</p>
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