



## LEAVE OF ABSENCE REQUEST

**IMPORTANT:**

This form must be completed and submitted to your chain of command at least 30 days prior to the commencement of leave or as soon as practicable in the event of an unforeseeable absence.

This form should not be solely used to request leave under the Family and Medical Leave Act (FMLA) or to request leave as an accommodation under the Americans with Disabilities Act (ADA). Please consult further with [Human Resource Management](#) to request leave under the FMLA or the [Office of Civil Rights](#) to request leave under the ADA.

---

**Employee:** \_\_\_\_\_

**People First ID:** \_\_\_\_\_

**Division:** \_\_\_\_\_

**Bureau:** \_\_\_\_\_

---

**Dates of Absence (check one):**

Consecutive

\_\_\_\_\_ to \_\_\_\_\_ Return to work date: \_\_\_\_\_

Intermittent (explain time needed below; e.g., four hours per day, two days per week, etc.)

---

---

---

---

**Absence Type (check one):**

Medical (documentation has been or will be submitted to Human Resource Management)

Nonmedical (explain below)

---

---

---

*I have read and understand the information contained in the [Employee Handbook](#) regarding Attendance & Leave.*

---

Employee Signature

Date

**Management Review and Action**

**To be completed by the Supervisor:**

Leave Request is:  Approved     Disapproved

If disapproved, please explain:

---

---

---

Supervisor Signature

Date

---

**To be completed by the Bureau Chief:**

Leave Request is:  Approved     Disapproved

If disapproved, please explain:

---

---

---

Bureau Chief Signature

Date

---

**To be completed by the Deputy Secretary/Division Director or Designee:**

Leave Request is:  Approved     Disapproved

If disapproved, please explain:

---

---

---

Deputy Secretary/Division Director or Designee Signature

Date