



LEAVE REQUEST/NOTIFICATION FORM

I. Employee Information

Name _____ R-No. _____ Best Contact No. _____
Department _____ Supervisor _____

II. Type of Leave Requested

FMLA

- Medical- Self
- Medical- Family Member
 - o Relationship _____
- Parental: Childbirth or Adoption- Staff
- Parental: Childbirth or Adoption- Faculty
- Military: Qualifying Exigency
- Military: Serious Injury or Illness of Covered Servicemember

NON-FMLA

- Personal
- Domestic Violence
- Military Duty Leave

III. Anticipated Dates of Leave

From _____ To _____ Expected Return to Work Date _____

IV. HR Contact/Receipt of Documents

Please contact Human Resources for additional required documentation related to the type of leave requested.

Documentation Provided -

- FMLA: Designation Notice Eligibility Rights FMLA Poster CHCP- Employee CHCP- Family Member
Military: CHCP- Servicemember CHCP- Exigency
Non-FMLA: see specific policy for appropriate documents

HR Representative _____
Signature _____ Date _____

I acknowledge that I have been provided the leave documentation listed above and that it has been thoroughly explained to me. I understand that it is my responsibility to review this information and return the required documentation **prior** to the start of leave. If my absence is for an FMLA qualifying event, I understand that the absence (paid or unpaid) will count toward my 12 weeks of FMLA entitlement. Any questions should be directed to Human Resources.

Employee _____
Signature _____ Date _____

V. Supervisor Signature

I certify that the above listed employee has notified me of their request for leave.

Supervisor _____
Signature _____ Date _____

Please return this document to the leave administrator checked below; Box 2718 or Fax (407) 646-2188:
 Oriana Guevara (407) 646-2356 Christy Gomez (407) 975-6453 David Zajchowski (407) 646-2105

Generic Leave Tracking Calendar (Hours)

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
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The calendar above can be used to estimate your expected return to work date and number of PTO hours (if any) that you plan to utilize while out on leave. Please contact your leave administrator if you'd like assistance with this.