



USA Health
LEAVE OF ABSENCE REQUEST FORM

This form must be completed in Adobe.

Date Prepared _____

Contact Person _____

Telephone _____

EMPLOYEE INFORMATION

J# J _____ Name _____
 Last First Name Middle Initial

Department Title _____ Employee Title _____

SELECT ONE: NEW LEAVE CONTINUATION OF LEAVE

INTERMITTENT FML? Yes No

REASON FOR LEAVE (Choose only one, FML= Family Medical Leave.)

*FML - Self (Must use 40 hours of PTO at beginning of leave, followed by EEI, if applicable until exhausted, thereafter PTO is optional)

*FML - Maternity (Must use 40 hours of PTO at beginning of leave, followed by up to five (5) weeks of EEI, if applicable, thereafter PTO is optional)

FML - Adoption/Foster Care Placement (use of PTO is optional)

*FML - Family Member (use of PTO is mandatory)
 Spouse Dependent Child Parent

*Attach doctor's note to justify reason for leave

FML - Family Member who is a military service member on active duty or notified of an impending call or order to active duty (use of PTO is mandatory)

*FML - Family member who is a military service member with a serious injury or illness (use of PTO is mandatory)

Personal Leave (paid or unpaid, as indicated below)

Military Leave

Employee Signature
 (If employee is available.) _____ Date _____

PTO MUST BE USED IN ACCORDANCE WITH THE PTO PROGRAM POLICY.

PAID TIME OFF - Once required PTO and EEI paid time is used (if applicable).

PTO - Use all available

PTO - Use as follows:
 Effective Date _____ End Date _____

MILITARY LEAVE WITH PAY - Limited to 168 hours per calendar year.

MILITARY PAY - Use all available

MILITARY PAY - Use as follows:
 Effective Date _____ End Date _____

WITHOUT PAY
 Effective Date _____ End Date _____

APPROVALS

 DIRECTOR/DEPARTMENT HEAD/SUPERVISOR DATE