

PACIFIC UNIVERSITY *Leave of Absence Request*

All leaves of absence must be approved in advance. This form must be completed and returned to the Human Resources office when you request your leave. A leave of absence is not considered official until the Department head gives final approval.

NAME: _____ DATE: _____

DEPARTMENT: _____

TITLE: _____ DATE OF HIRE: _____

SUPERVISOR or DEPT. HEAD: _____

TYPE OF LEAVE REQUESTED:

_____ **Medical Leave - Employee's Own Serious Health Condition**

If this is a medical leave for yourself, you will be eligible for leave for a period of no more than six months (short term disability) until you have been either released to return to work or qualify for long term disability.

Start date of Leave: _____ Return date from leave: _____

Reason for Medical Leave: _____
(Medical Certification form must be completed by medical care provider.)

_____ **Family Leave - to care for a family member**

If leave is required to care for a family member, this leave will be granted in accordance with the Family and Medical Leave Act of 1993, and will not be granted for longer than 12 weeks in any one year period.

Start date of Leave: _____ Return date from leave: _____

Relationship of employee to family member: _____

If a minor child, indicate age: _____

Health condition of family member: _____

_____ **Pregnancy Leave**

If requesting leave for pregnancy, you will be eligible for leave for a reasonable period of time. You will only be paid for the time that Standard Insurance approves your leave. However, this leave will be granted in accordance with the Family and Medical Leave Act of 1993, and will not be granted for longer than 12 weeks in any one year period.

Start date of Leave: _____ Return date from leave: _____

_____ **Parental Leave**

If requesting parental leave for the care of a newborn, newly adopted child, or to assume guardianship of a child, this leave will be granted in accordance with the Family and Medical Leave Act of 1993, and will not be granted for longer than 12 weeks in any one year period.

Start date of Leave: _____ Return date from leave: _____

Complete one of the following:

Anticipated birth date of the newborn: _____

Anticipated arrival date of the newly adopted child: _____

Anticipated arrival date of the child for whom I will be guardian: _____

_____ **Compassionate Leave**

You are allowed to take up to 3 days paid leave for compassionate leave.

_____ **Military Leave**

_____ **Personal Leave**

VACATION AND SICK LEAVE:

An employee must use both sick leave and vacation accrual prior to being granted an unpaid medical leave of absence.

Vacation: You must use any accrued vacation time you have available in conjunction with your leave. In the case of “parental leave,” or “care for a family member”, you are required to use any accrued vacation time first, then you must use sick time. If you have used all your vacation and sick time, you must also use your floating holidays. Use of vacation time does not extend the maximum leave allowance of 12 weeks in a 12-month period.

Sick Time: You must use any available sick time in conjunction with your leave if for your own serious health condition. Use of sick time does not extend the maximum leave allowance of 12 weeks in a 12-month period.

DATE LEAVE ACTUALLY STARTED: _____ *Please attach time cards to form.*

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Department Head Signature _____ Date _____

Employees must keep in contact with their department on a regular basis to let the department know your status and your intent to return to work. Arrangements must be made with the Human Resources Department if the leave is unpaid and the employee wishes to continue their medical insurance. Failure to return from a leave of absence on the agreed upon date will result in termination for job abandonment.

To be completed by the employee needing family leave to care for a family member:

State the care you will provide and an estimate of the period during which care will be provided, including a schedule if leave is to be taken intermittently or if it will be necessary for you to work less than a full schedule:

Employee Signature

Date