

LEAVE OF ABSENCE – LONG TERM REQUEST FORM

Name: _____

Date: _____ Service Area: _____

Requested LOA:

Maternity

Expected Birth date

Parental

Critical Illness

Compassionate Care

Long Term Illness/injury

D/D of child

Start Date: _____ Return Date: _____

Staff Signature

Reviewed By Coordinator(s)

Executive/ Director/Program Director
Approved / Not Approved (please circle one)

For Admin Use Only

Comments: _____

Binder(s):	Human Resources					Page:	1 of 1
Section(s):	Benefits	R/R	Aug 8/12	R/R	Sept 27/18		
Program Area(s):							