

REQUEST FOR LEAVE OF ABSENCE

I. FAMILY MEDICAL LEAVE

I request a leave under the provisions of the Family and Medical Leave Act of 1993 for the following reason:

- a. _____ Personal Illness
- b. _____ The birth of a child
- c. _____ To care for a newborn child
- d. _____ To care for a newly adopted child
- e. _____ The placement in my home of a foster child
- f. _____ To care for a seriously ill spouse, child, or parent

II. OTHER LEAVE OF ABSENCE

- a. _____ Personal
 - b. _____ Workers' Compensation
 - c. _____ Military
 - d. _____ Other (please explain) _____
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I need this leave beginning _____ and I expect the leave to continue until on or about _____.

DATE _____ NAME _____

Please return this form to the Office of Human Resources, Room 306, Doane Administration Building.

NOTE: You may be required to submit a physician's certification of your own or a family member's serious illness.