



## **LEAVE OF ABSENCE REQUEST FORM**

### **EMPLOYEE INFORMATION:**

EMPLOYEE NAME: \_\_\_\_\_ EMPLOYEE ID #: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ SUPERVISOR'S NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ HOME EMAIL: (MUST BE PROVIDED) \_\_\_\_\_

ANTICIPATED LEAVE DATES: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

### **TYPE OF REQUEST:** (CHECK ALL THAT APPLY)

- ☐ NEW LEAVE REQUEST      ☐ LEAVE EXTENSION REQUEST
- ☐ CONSECUTIVE LEAVE REQUEST (5 OR MORE CONSECUTIVE DAYS)      ☐ INTERMITTENT LEAVE REQUEST

### **TYPE OF LEAVE OF ABSENCE:**

- ☐ FAMILY LEAVE (FMLA OR NJFLA) (CERTIFICATION OF HEALTH CARE PROVIDER MAY NEED TO BE PROVIDED TO HUMAN RESOURCES)
- ☐ PERSONAL MEDICAL LEAVE (MEDICAL LEAVE OF ABSENCE CERTIFICATION MUST BE PROVIDED TO HUMAN RESOURCES)
- ☐ PERSONAL LEAVE (PERSONAL LEAVE REQUEST FORM MUST BE PROVIDED TO HUMAN RESOURCES)
- ☐ OTHER \_\_\_\_\_

### **ACCRUED LEAVE TIME REQUEST:** (CHECK ALL THAT APPLY)

- ☐ I WOULD LIKE TO USE ACCRUED SICK TIME
- ☐ I WOULD LIKE TO USE ACCRUED VACATION TIME
- ☐ I WOULD LIKE TO USE ADMINISTRATIVE LEAVE TIME

### **NEW JERSEY STATE BENEFIT PROGRAM INFORMATION:**

- ☐ I WOULD LIKE TO APPLY FOR NJ TEMPORARY DISABILITY INSURANCE (TDI) BENEFITS
- ☐ I WOULD LIKE TO APPLY FOR NJ FAMILY LEAVE INSURANCE (FLI) BENEFITS

**ALL SUPPORTING DOCUMENTATION TO THIS REQUEST MUST BE SUBMITTED TO HUMAN RESOURCES.  
YOU ARE NOT REQUIRED TO PROVIDE SUPPORTING DOCUMENTATION TO YOUR MANAGER/SUPERVISOR.**

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_ PHONE EXTENSION: \_\_\_\_\_

