

## **LEAVE OF ABSENCE REQUEST FORM**

## **EMPLOYEE INFORMATION**:

EMPLOYEE NAME:	EMPLOYEE ID #:
JOB TITLE: SUP	ERVISOR'S NAME:
Home Address:	
HOME PHONE: HOME I	EMAIL: (MUST BE PROVIDED)
ANTICIPATED LEAVE DATES: FROM:	To:
TYPE OF REQUEST: (CHECK ALL THAT APPLY)	
□ NEW LEAVE REQUEST □ LEAVE EXTENSION	N REQUEST
CONSECUTIVE LEAVE REQUEST (5 OR MORE CONSE	CUTIVE DAYS) INTERMITTENT LEAVE REQUEST
TYPE OF LEAVE OF ABSENCE:	
☐ FAMILY LEAVE (FMLA OR NJFLA) (CERTIFICATION O	F HEALTH CARE PROVIDER MAY NEED TO BE PROVIDED TO HUMAN RESOURCES)
PERSONAL MEDICAL LEAVE (MEDICAL LEAVE OF ABSEN	NCE CERTIFICATION MUST BE PROVIDED TO HUMAN RESOURCES)
PERSONAL LEAVE (PERSONAL LEAVE REQUEST FORM MUS	T BE PROVIDED TO HUMAN RESOURCES)
OTHER	
ACCRUED LEAVE TIME REQUEST: (CHECK ALL THAT	T APPLY)
☐ I WOULD LIKE TO USE ACCRUED SICK TIME	
☐ I WOULD LIKE TO USE ACCRUED VACATION TIME	
☐ I WOULD LIKE TO USE ADMINISTRATIVE LEAVE TIM	E
New Jersey State Benefit Program Info	RMATION:
☐ I WOULD LIKE TO APPLY FOR NJ TEMPORARY DISA	BILITY INSURANCE (TDI) BENEFITS
☐ I WOULD LIKE TO APPLY FOR NJ FAMILY LEAVE IN	surance (FLI) benefits
	REQUEST MUST BE SUBMITTED TO HUMAN RESOURCES. ING DOCUMENTATION TO YOUR MANAGER/SUPERVISOR.
EMPLOYEE SIGNATURE:	DATE:
DEPARTMENT:	Phone Extension:



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EMPLOYEE NAME:		EMPLOYEE ID #:	
ANTICIPATED LEAVE DATES: FROM:		То:	
MANAGER'S STATEMENT:			
THE ABOVE-NAMED EMPLOYEE HAS APPLIED POSE AN UNDUE HARDSHIP ON OFFICE OPERADETAILS ON HOW THE LEAVE OF ABSENCE WILL	ATIONS? Y	ES NO IF Y	LEAVE OF ABSENCE ES, PLEASE PROVIDE
		(ATTACH ADDITION	NAL PAGES AS NEEDED)
MANAGER'S NAME (PRINT)			
MANAGER'S SIGNATURE (If required)	DATE		
VICE PRESIDENT'S SIGNATURE (If required)	DATE		TCNJ Leave Request Form Office of Human Resources