

Leave Request Form

Please complete this form and submit it to Human Resources for review and approval. Refer to the Employment Guide for policy details regarding each type of leave.

Email: <u>hr@wabash.edu</u> or return to Center Hall Business Office – Attention: Human Resources

Employee Information		
Name:	Department:	
Supervisor:	Date Submitted:	
	Leave Details	
Type of Leave Requested (sel	ect all that apply):	
□ FMLA Leave (up to 12 wee Requires medical certification a ■ For employee's own ■ To care for a family a □ Spouse □ Child □ Parent ■ Military caregiver leave ■ Qualifying exigency	and eligibility determination. serious health condition member with a serious health condition	
☐ Personal Leave (non-FML Subject to management approv	A) al; unpaid unless otherwise stated.	
☐ Parental Leave (birth, ado Refer to Employment Guide fo	ption, or foster care placement of a child) r paid/unpaid provisions.	
☐ Military Leave Attach supporting military documents	umentation if applicable.	
☐ Bereavement Leave		
Relationship to deceased:		
☐ Other (please specify):		





Leave Dates

Leave Start Date:	Leave End Date (anticipated):
Will leave be intermittent o ☐ Continuous	r continuous?
☐ Intermittent (provi	de details):
	Pay Provision(s) During Leave
Please select any paid leave option	ons you intend to use (subject to eligibility and policy terms):
☐ Sick Leave	
☐ Personal Leave	
☐ Vacation Leave	
☐ Short-Term Disability (ST	D) – requires claim approval
☐ Unpaid Leave	
	his form does not guarantee approval of leave. I agree to follow all outlined in the Wabash Employment Guide. I will provide required
Employee Signature	Date:
☐ Leave Approved ☐ Lea	HR Department Use Only ve Denied □ Pending additional documentation
Reviewed by:	Date:

