REED COLLEGE
LEAVE REQUEST FORM FOR STAFF

Name:_____Department:_____

Date of hire:_____ Date of this request:_____

_____I am a regular full-time employee.
_____ I am a regular part-time employee who works .5FTE hours or more per week.

This is a follow up to my oral request for leave.

MEDICAL LEAVE

If this is a medical leave for yourself, you will be eligible for leave for a period of no more than six months until you have been either released to return to work or qualify for long term disability. In this case, please complete the following:

Start date of leave_____ Return date from leave_____

Reason for medical leave:_____
_____

Continued on back

FAMILY LEAVE

If leave is required to care for a family member, this leave will be granted in accordance with the Family and Medical Leave Act of 1993 and will not be granted for longer than 12 weeks in any one year period. In this case, please complete the following:

Start date of leave_____ Return date from leave_____
Relationship of employee to family member_____
If a minor child, indicate age _____
Health condition of family member_____
Is another family member able to provide care _____yes __no
If no, when did you first learn of their unavailability
When did you first learn of the serious health condition:

Detail all the previous family medical leave taken within the last 12 months to care for a family member:
Dates (when to when) Amount of time used

Continued on back

PREGNANCY DISABILITY

If requesting leave for pregnancy disability, you will be eligible for leave for a reasonable period of time. In this case, please complete the following:

Start date of leave:_____ Return date from leave:_____

PARENTAL LEAVE

If requesting parental leave for the care of a newborn, newly adopted child, or to assume guardianship of a child, you will be eligible for leave for a maximum of 12 weeks. In this case, please complete the following:

Start date of leave:_____ Return date from leave:_____

Complete one of the following:

Anticipated birth date of the newborn:_____
Anticipated arrival date of the newly adopted child:_____
Anticipated arrival date of the child for whom I will be guardian:_____

VACATION AND SICK LEAVE

An employee must use both sick leave and vacation accrual prior to being granted an unpaid medical leave of absence. For family, pregnancy and parental leave, the employee must use sick and/or vacation accruals during the leave.

I plan to use accrued vacation __yes __no If yes, days available: ____

I plan to use accrued sick leave __yes __no If yes, days available: ____

SIGNATURES

I understand that I may be required to provide written verification from the treating physician of the serious health condition or pregnancy. I also realize that if I am requesting leave for my own serious health condition or pregnancy, I will be required to provide a written release from an appropriate health care professional upon returning to work.

Signed:_____ Date:_____

Supervisor signature_____ Date:_____