

REED COLLEGE

LEAVE OF ABSENCE REQUEST

Review the time off website at hr.reed.edu. Complete and return this form to human resources as soon as you know that you will need leave.

Employee information	
Employee name	
Home address (<i>so that we may send correspondence about your leave to you</i>)	
Absence information	
<input type="checkbox"/> new request	<input type="checkbox"/> update to an existing request
Requested start date:	Anticipated end date:
Type of leave	
<input type="checkbox"/> extended leave of absence	<input type="checkbox"/> intermittent absence
For intermittent absences: describe your intermittent or reduced work schedule. This must be medically necessary and documented in a current medical certification from your health care provider.	
Reason(s) for leave	
Indicate the reason(s) for your leave request below.	
<input type="checkbox"/> employee's own serious health condition	
<input type="checkbox"/> care for ill partner, spouse, child or domestic partner	
<input type="checkbox"/> pregnancy disability leave	<input type="checkbox"/> parental leave
<input type="checkbox"/> military leave	<input type="checkbox"/> workplace injury
<input type="checkbox"/> bereavement leave	<input type="checkbox"/> other: _____
It is the employee's responsibility to ensure that their supervisor is aware of this request. Please do not share private medical information with your supervisor. Contact HR for a consultation on how to best communicate with your supervisor or about your leave or medical condition.	
Employee signature	date