# Leave of Absence Request Form

This form should be completed at least 30 days in advance of the need for a medical leave. If the 30-day advance notice is not possible, notice should be provided as soon as possible.

<table>
<thead>
<tr>
<th>Employee Name: First name, Last name</th>
<th>Dept/Job Title</th>
<th>Ext:</th>
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<tr>
<th>Home Address: Street, City, State, Zip Code</th>
<th>Dept/Job Title</th>
<th>Ext:</th>
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| Status: Administrative  
Facult  
Clerical  
Full-Time  
Part-Time  
Temporary | Dept/Job Title | Ext: |
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<tr>
<th>Hire Date:</th>
<th>Supervisor:</th>
<th>Ext:</th>
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**Reason for leave request. Please check one and complete.**

- **Maternity**—Expected date of birth

  - __ [ ] __
  - Do you plan to take additional family leave time (using vacation or unpaid time) after you are medically released from your doctor to return to work?  
  - Yes  
  - No

  - __ [ ] __
  - If yes, number of vacation days to be used _______ and number of unpaid days to be used _______.

  - **This information should be used by the department to report sick, vacation and unpaid time.**

  - Please notify Patricia Lee at leep1@duq.edu or at x5105 and your supervisor if the number of vacation or unpaid days change after completing this form.

- **Parental**—Expected date of birth/adoption

  - __ [ ] __
  - Two weeks – must be used continuously within 12 months of birth/adoption.

  - __ [ ] __
  - For a **serious health condition or medical procedure** that makes me unable to perform my job.

    - Leave to start: ___________________________ 
    - Expected period of disability: ___________________________

  - __ [ ] __
  - **Serious health condition** affecting your ___ spouse, ___ child, ___ parent, for which you are needed to provide care.

    - Leave to start: ___________________________ 
    - Expected length of leave ___________________________

  - __ [ ] __
  - **Call to Duty Leave:** Eligible employees may take up to 12 weeks on unpaid leave for a “qualifying exigency”, for the employee’s spouse, son, daughter or parent in the National Guard or the Reserves being notified of an impending call or order to active duty.

    - Leave to start: ___________________________ 
    - Expected length of leave ___________________________

  - __ [ ] __
  - **Military Caregiver Leave:** Eligible employees may take up to 26 weeks of unpaid leave to care for a spouse, son, daughter, parent or next of kin service member with a serious injury or illness incurred in the line of duty on active duty.

    - Leave to start: ___________________________ 
    - Expected length of leave ___________________________

**Employee’s signature**

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<tr>
<th>Employee’s signature</th>
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**Supervisor’s signature**

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This form must be signed by both employee and supervisor. Please fax completed form to 412-396-4822 or email to leep1@duq.edu.