

SEWANEE

THE UNIVERSITY OF THE SOUTH

Request for Family or Medical Leave of Absence

Employee's name: _____ Today's date: _____

Address: _____

City: _____ State: _____ Zip: _____

Preferred phone number while on leave: _____

Does your spouse work for The University of the South: YES NO

If yes, spouse's name: _____

Reason for taking leave: (check one)

- to care for my child after birth or placement in adoption or foster care;
- to care for my spouse, child, or parent who has a serious health condition; or
- my own serious health condition makes me unable to perform at least one of the essential functions of my job.

For leave to be taken all at once, rather than intermittently or on a reduced workweek:

Date leave is to start: _____

Date I expect to return to work: _____

For leave to be taken intermittently or on a reduced workweek:

Schedule of time needed off:

NOTE: Intermittent or reduced schedule leave for the birth or placement of a child is subject to the University's approval.

Employee's signature: _____ DATE: _____

Supervisor's signature: _____ DATE: _____