Application for Non-FMLA Leave

Employee Name: Date:

Position: Subject:

Supervisor/Manager: Building:

Estimated Leave Dates: Estimated Return Date:

Revised Leave Dates: Revised Return Date:

Reasons for leave:

* Medical/Paternity/Adoption
* Medical/Disability
* Military
* Professional
* Miscellaneous (please explain)

Will this leave be taken on an intermittent basis (non-continuous time)?

If yes, what is the expected frequency of your absences?

I understand that I may only use accrued sick days for my leave if I provide physician’s documentation of a serious health condition of my own or my spouse, son, daughter, or parent. If the leave involves eleven (11) or more unpaid days, contract payments will be discontinued until the payroll following my return to work. If the leave involves ten (10) or fewer unpaid days, such absences will be deducted at my daily rate from my contract balance and pro-rated payments will continue through the term of my contract.

I further understand that, if my leave involves eleven (11) or more unpaid days, I will have the option to continue my benefits under COBRA.

Employee Signature: Date: