

# LEAVE REQUEST APPLICATION

\_\_\_\_\_  
 NAME OF APPLICANT EMPLOYEE ID # \_\_\_\_\_

\_\_\_\_\_  
 DEPARTMENT TIMEKEEPER LOCATION NUMBER \_\_\_\_\_

\_\_\_\_\_  
 REQUESTED STARTING DATE RETURN OR END DATE YES  NO   
HR Use Only  
 INTERMITTENT LEAVE REQUEST

Intermittent Absence Frequency: \_\_\_\_\_ times per \_\_\_\_\_ week(s) x \_\_\_\_\_ mth(s) Duration: \_\_\_\_\_ hours or \_\_\_\_\_ day(s) per episode

**Purpose of Leave:**

- |  |   |
|--|---|
| <input type="checkbox"/> Medical   | <input type="checkbox"/> On-the-Job-Injury  |
| <input type="checkbox"/> Childbirth  | <input type="checkbox"/> Adoption   |
| <input type="checkbox"/> Foster Care   | <input type="checkbox"/> Personal   |
| <input type="checkbox"/> Sabbatical  | <input type="checkbox"/> Run for Office   |
| <input type="checkbox"/> Military – Active Duty  | <input type="checkbox"/> Military – Active Duty Training  |
| <input type="checkbox"/> To care for the serious health condition of a military service member injured in the line of duty | <input type="checkbox"/> To care for the qualifying exigency of a pending active military status of spouse, son, daughter or parent |

**Leave is to Care for:**

- |  |  |
|--|--|
| <input type="checkbox"/> Self                    | <input type="checkbox"/> Spouse  |
| <input type="checkbox"/> Child – age _____       | <input type="checkbox"/> Parent ( <input type="checkbox"/> Mother <input type="checkbox"/> Father)           |
| <input type="checkbox"/> Parent in-loco-parentis | <input type="checkbox"/> Parent of Spouse ( <input type="checkbox"/> Mother <input type="checkbox"/> Father) |

All requests for medical leave must be supported by the appropriate CERTIFICATION OF HEALTH CARE PROVIDER form. All requests to care for a newborn child, newly adopted child, or newly placed foster child must include official verification. Copies of Military Orders are required for Military Leave. Other requests for leave should include an explanation of the reason for request. I understand that any absence without approval may constitute cause for termination.

\_\_\_\_\_ I elect to reserve \_\_\_\_\_ hours of sick leave (max 10 x daily hours) \_\_\_\_\_ I elect to reserve \_\_\_\_\_ hours of vacation leave (max 10 x daily hours)

\_\_\_\_\_  
 SIGNATURE OF EMPLOYEE DATE

For non-Family Leave leaves under 30 days: [  ] Approved [  ] Disapproved

\_\_\_\_\_  
 SIGNATURE OF DEPARTMENT DIRECTOR DATE

For Leaves over 30 days and all Family Leave: [  ] Approved [  ] Disapproved

\_\_\_\_\_  
 SIGNATURE OF HUMAN RESOURCES DIRECTOR DATE

Comments:

HUMAN RESOURCES USE ONLY:		EMPLOYED FOR 12 MONTHS?		HRS WORKED 12 MO PRIOR TO REQUEST 1250?		FMLA USAGE 12 MO PRIOR TO REQUEST?	
EFFECTIVE DATE	ACTION	STATUS	STATUS DATE	LOA REASON	LOA RETURN DATE	JOB END DATE	INPUT DATE/INITIALS

## PIERCE COUNTY – LEAVE REQUEST INSTRUCTIONS

### MEDICAL LEAVE

1. At least 30 days prior to the date that the leave is to begin, employee completes the Leave Request Application form and submits it to their supervisor. Unforeseen circumstances may waive the 30 day requirement.
2. A Certification of Health Care Provider is required for Medical Leave. All requests to care for a newborn child, newly adopted child, or newly placed foster child must include official verification. Certifications or verification letters can be sent directly to the Human Resources Department and do not have to immediately accompany the leave request.
3. The form must be given to the Department Director for signature. (this is informational for the department, not an approval process)
4. Once the form has been signed by the Department Director, it is forwarded to the Human Resources Department.
5. The Human Resources Director approves or disapproves the request.
6. The employee and originating department are sent a copy of the Leave Application which includes the Human Resources Director's approval/disapproval, as well as any further instruction.

### NON-MEDICAL LEAVE

1. At least 30 days prior to the date that the leave is to begin, employee completes the Leave Request Application form and submits it to their supervisor. Unforeseen circumstances may waive the 30 day requirement.
2. The form must be given to the Department Director, who then approves or denies the request.
3. If approved by the Department Director, the department forwards the Leave form to the Human Resources Department  
NOTE: Leaves-Without-Pay for greater than 30 days require the HR Director's approval.
4. The Human Resources Director approves or disapproves the request.
5. The employee and originating department are sent a copy of the Leave Request Application which includes the Human Resources Director's approval/disapproval, as well as any further instruction.
6. The Human Resources Department will notify the employee of any affect the leave may have on the continuation or discontinuation of their benefits.