

Initial Notification of Leave Request

Provide the below information when requesting leave forms be sent to an employee. Send to your university HR or benefits office.

Date Requested	
University	
Employee Name	
Employee Number	
Self, Family Member, or Parental (for family member, provide the relationship; if child is over 18, provide the age. Indicate parental for the birth/adoption/foster care placement of a child.)	
Intermittent or Full-time Absence	
First Date of Absence (required) <input type="checkbox"/> anticipated <input type="checkbox"/> actual	
Is this condition the result of a work-related injury?	
Who is requesting leave? (employee, spouse, supervisor, HR office, etc.)	
Additional Information	