

## LEAVE OF ABSENCE REQUEST FOR FAMILY OR MEDICAL LEAVE

This form must be completed and returned to Human Resources to initiate a family or medical leave request.

Name:	Contact Email During Leave:	
Department:	Today's Date:	Hire Date:
Position Title:	Supervisor or Department Head:	
Leave Start Date:	Anticipated Return to Work Date:	

I am requesting a leave of absence for the following reason:

- \*My own serious health condition/pregnancy
- Parental care of my child following birth- Child's date of birth, or estimated due date: \_\_\_\_\_
- Placement of my child for adoption or foster care (under 18 years old, or disabled)
- \*Serious health condition of my spouse, same sex domestic partner, child, stepchild, parent, parent-in-law, grandparent or grandchild
- To care for my child with an illness or injury that is not a "serious health condition"
- Bereavement for the death of a family member
- Because of any qualifying contingency due to my spouse, son, daughter, or parent being on active duty, (or being notified of an impending call or order to active duty) in the Armed Forces, in support of a contingency operation.

This leave request is for:

- A single block of time
- A reduced work schedule- please provide detail below
- Intermittent leave- please provide detail below

Please provide the anticipated **reduced work schedule**, or an estimate of the frequency and duration of **intermittent** leave:

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By signing below, I confirm that I have notified my supervisor of my intent to take a leave of absence. I also confirm that I understand my failure to return to work at the end of my approved leave period may be treated as a resignation, unless an extension has been approved by Human Resources.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

**Please return this form to Human Resources, Box 72, [hr@lclark.edu](mailto:hr@lclark.edu), or fax to 503-768-6233**

\*If leave is due to a serious medical condition, you will be provided with the required healthcare provider certification form within 5 days of submitting this form to Human Resources. The completed certification form will be due within 15 days of receiving it. For more details, including instructions for Kaiser and non-Kaiser providers, visit the [Medical Certification Instructions](#). Please contact Human Resources with any questions.