

# Request for Leave of Absence

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To be completed by employee (Please type or print)

1. Name of Employee:

\_\_\_\_\_

Last Name

\_\_\_\_\_

First Name

\_\_\_\_\_

Middle Initial)

2. Employee's position/department: \_\_\_\_\_

3. Reason for requested leave (Please check the appropriate box):

A. Family and Medical Leave [up to 12 weeks]

- 1.  Birth of my child and/or to care for the new born child
- 2.  Placement of child with me for adoption or foster care
- 3.  To care for my family member\* with a serious health condition
- 4.  My own serious health condition

B.  Extended Medical Leave [leave exceeding an initial 12 weeks for employee illness]

C.  Personal Leave (Please state reason below)

\_\_\_\_\_  
\_\_\_\_\_

D.  Military Leave

4. If A(1) or (2), give date of birth or placement: \_\_\_\_\_

5. If A(3), please specify your relationship to the family member: \_\_\_\_\_

6. If A(3), please state name and address of family member:

\_\_\_\_\_  
\_\_\_\_\_

7. Date on which you wish to commence leave: \_\_\_\_\_

Date of anticipated return to work: \_\_\_\_\_

\* includes spouse, child or parent. Refer to Policy III - 1B, Section II.A. for specific definitions.

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8. Are you requesting leave on an intermittent or reduced leave schedule?

- Yes       No

9. If "yes", please give schedule of when you anticipate you will be available for work.

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If I am seeking leave because of reason A(3), A(4) or B, I will return a completed Medical Certification form within 15 days, or as soon as practicable. I understand that my leave may be delayed until I provide this documentation. Thereafter, I must recertify this medical condition every 30 days by submitting a physician's statement to Human Resources.

I understand that when I want to return to work after a leave because of my own serious illness, I must have my physician complete the attached Return to Work Medical Certification and I must be seen and cleared by IIT's Counseling and Health Services before I will be allowed to resume work.

I hereby agree that while I am on leave, I will continue to pay my share of health insurance premiums. If I am unable to return to work following an initial leave because of a serious health condition, I will request an extended medical leave and provide a medical certification from the appropriate health care provider stating that I am unable to perform the functions of my position on the date that my leave expired. If I am unable to return to work following a leave because I am needed to care for a covered family member because he/she has a serious health condition on the date my leave expired, I will request approval for a personal leave and provide medical certification from the appropriate health care provider.

I am requesting to be absent from work for the reason and period of time stated herein. I understand that if I return to work from a Family and Medical Leave within 12 weeks, or longer if accrued sick leave is not yet exhausted in cases of personal medical disability, I may be returned to my prior position or equivalent position at IIT. If I return from a personal leave within 8 weeks, the same will apply. Beyond these timeframes, I understand that IIT cannot guarantee that a position will be available.

I will notify the Director of Human Resources in writing of my intent to return to active status at least two weeks prior to my return. I understand that if I do not contact IIT within three days following the end of my leave, it will be determined that I have elected to resign.

I intend to draw down the following earned time (check all that apply):

- vacation       personal business days       personal floating holiday

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Signature

Date

Approvals

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Department Head

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Human Resources