Request for Leave of Absence

Employee name: _____ Position: _____

Type of leave requested:

___ Medical Leave ___ Pregnancy Disability Leave

___ Family Leave ___ Personal Leave

Reason for leave of absence: _____
(Please attach an additional sheet of explanation, if necessary, for Family or Personal Leave.)

Beginning date of leave: _____

Expected date of return: _____

Employees requesting Medical or Pregnancy Disability Leave must attach a health-care provider statement verifying the need for leave and its beginning and expected ending dates. Any changes in this information should be reported immediately.

Employees returning from Medical or Pregnancy Disability Leave must submit a health-careprovider's verification of their fitness to return to work (incli1ding any limitations on the employee's ability to perform the essential duties of the job).

Employee signature:_____Date:_____

Comments:

_____

_____

_____

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Return to info@ocett.org for processing