



Request for Leave of Absence

Associate's Name _____

Date _____

Address _____

The reason I am taking a leave is (check one):

_____ to care for my child after birth, or placement of a child with me for adoption or foster care;

_____ to care for my spouse, child or parent who has a serious health condition;

_____ my own serious health condition makes me unable to perform at least one of the essential function of my job; or

_____ Personal

Start Date	End Date	Total Hours

Continuous

Intermittent

Supervisor's Signature of Approval

Associate's Signature

Date

Date

ASSOCIATES WILL RECEIVE THE EMPLOYER RESPONSE WITHIN 48 HOURS OF RECEIPT OF THIS REQUEST.