



Request for Leave of Absence

Name		Date of Request	
Address			
City, State, Zip			
Date of Hire		Department	
Home Number		Cell Number	
My Last Date Worked will be/is		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time (check one)	

I hereby request Family and Medical Leave yes (check if applicable)

Type of Leave (select one)	<input type="checkbox"/> Consecutive Leave	<input type="checkbox"/> Intermittent Leave
<input type="checkbox"/> For my own serious health condition	Beginning Date:	Ending Date:
<input type="checkbox"/> For birth/adoption/foster care	Beginning Date:	Ending Date:
<input type="checkbox"/> For a serious health condition of spouse, child, parent	Beginning Date:	Ending Date:
<input type="checkbox"/> For Qualifying Military Exigency	Beginning Date:	Ending Date:
<input type="checkbox"/> If requesting a reduced schedule, specify change in schedule		

Employee Acknowledgement and Certification

I hereby request leave of absence as indicated above and certify that such leave is requested for the purpose(s) indicated. I understand that I must comply with Belmont County policies and procedures and FMLA regulations for requesting leave and that falsification of this form may be grounds for disciplinary action up to and including termination. I am aware that my supervisor will be contacted by the Human Resources Department for notification of my leave request. I understand that completing this request for leave of absence application does not guarantee my eligibility for leave or leave approval.

I have received (check all that apply)

- Certification of Health Care Provider Form
- Employee Rights and Responsibilities Publication
- Certification of Qualifying Exigency for Military Family Leave Forms
- Leave of Absence Policy

(may be found at <https://belmontcountycommissioners.com/personnel-policy-manual/>, Section 6 Absences)

Signature

Date