

FACILITY SERVICES  
**Request For Leave**

<b>Name</b> (Last)	<b>(First)</b>	<b>(Middle Initial)</b>	<b>Date</b>
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**Position** (circle one):   Custodial   Grounds   Maintenance   Other      **Building/Location:**

**I request leave**

Beginning \_\_\_\_\_ (time)   ☐ A. M.   ☐ P. M. \_\_\_\_\_ (date), \_\_\_\_\_ (year), and

Ending \_\_\_\_\_ (time)   ☐ A. M.   ☐ P. M. \_\_\_\_\_ (date), \_\_\_\_\_ (year)

**REASON for LEAVE:**  
**(Mark Appropriate Boxes Below)**

<input type="checkbox"/> <b>Sick Leave</b> # of Hours _____ (Explain in Employee Notes/Remarks)	
<input type="checkbox"/> <b>Vacation</b> # of Hours _____	<input type="checkbox"/> <b>Personal</b> # of Hours _____
<input type="checkbox"/> <b>Scheduled Leave Without Pay</b> (Explain in Employee Notes/Remarks)	
<input type="checkbox"/> <b>Civic Responsibility: (mark one)</b> <input type="checkbox"/> Jury Duty <input type="checkbox"/> Witness Duty (Attach copy of subpoena or summons)	
Event Date _____	
<input type="checkbox"/> <b>Adoption / Childbirth Leave</b> (Attach copy of orders, or other appropriate documentation, that supports request for Military leave)	
<input type="checkbox"/> <b>Military With Pay</b>	<input type="checkbox"/> <b>Military Without Pay</b>

**EMPLOYEE NOTES/REMARKS:**

<input type="checkbox"/> <b>Bereavement</b>	Name of Deceased _____	Relationship _____	Date of Death _____
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☐ **Pending Disability<sup>2</sup>**      ☐ **Pending Workers' Compensation<sup>2</sup>**

☐ **Other** (Explain in Employee Notes/Remarks)

Is this absence due to a condition for which an FML or PFML Certification form is on file with HR?  
See important NOTE 2 below.

☐ **Yes**   ☐ **No**      ☐ **FML**   ☐ **PFML**

**Total Hours Requested**

I have insufficient leave for the above request. I request the following leave be used in lieu of the leave requested above:

☐ Vacation      ☐ Personal

☐ Unpaid Time Off (Explain in Employee Notes/Remarks)  
**See important NOTE 1 below**

I certify that this request for leave form contains true, accurate and complete information and complies with the applicable leave regulation and the Collective Bargaining Agreement.

\_\_\_\_\_  
Employee Signature

**Administrative Action**

**NOTE 1:** *The employee will be placed on an unpaid status for the period selected and progressive discipline may be initiated*

**NOTE 2:** *This request complies with the Genetic Information Nondiscrimination Act of 2008 (GINA)*

☐ **Authorized**      ☐ **Not Authorized**

\_\_\_\_\_  
Supervisor Signature/Date

\_\_\_\_\_  
Human Resources Signature/Date