

# REQUEST FOR LEAVE OF ABSENCE



HR Member Completes Sections 1, 2, and 3  
with Location Supervisor

<b>Section 1: PERSONAL INFORMATION</b>		
Last Name:	First Name:	Employee Paycom ID:
Employee Type: Contract EE <input type="checkbox"/> At-Will EE <input type="checkbox"/>	Primary Phone:	Primary Email:
Job Class Code:	Hire Date:	Work Code & Location:
<b>Section 2: LEAVE ELIGIBILITY</b>		
Leave begins on _____ and ends on _____. (If necessary, give approximate dates.)		
Family Medical Leaves (required medical certifications must be returned within 15 days of receipt)		
<input type="checkbox"/>	Employee Illness	Certificate of Health Care Provider (Form WH-380E)
<input type="checkbox"/>	Child/Parent/Spouse Illness	Certificate of Health Care Provider for Family Member's Illness/Injury (Form WH-380F)
<input type="checkbox"/>	Maternity	Certificate of Health Care Provider (Form WH-380F)
<input type="checkbox"/>	Paternity (Must be taken within one year of birth)	Certificate of Health Care Provider (Form WH-380F)
<input type="checkbox"/>	Adoption/Placement of Foster Child (Must be taken within one year of placement)	Letter of Placement
<input type="checkbox"/>	Military Caregiver	Certification for Serious Illness or Injury of Covered Service Member (DOL WH-385-V)
<input type="checkbox"/>	Military Exigency	Certification of Qualifying Exigency (DOL WH-384)
Personal Leaves (not FMLA eligible or not FMLA related)		
<input type="checkbox"/>	Medical (non-FMLA) (Only available for staff member's own illness/injury)	Certification from Health Care Provider (Must include date condition began, probable duration, facts regarding staff member's medical condition and inability to work)
<input type="checkbox"/>	Military (non-FMLA)	Department of Defense Orders
<input type="checkbox"/>	Maternity (not eligible for FMLA)	Certification from Health Care Provider (including expected delivery date)
<input type="checkbox"/>	Other Personal	Explanation of Request
<b>Section 3: EE MANAGEMENT TEAM</b>		
Supervisor Name (Print):	Work Email & Primary Phone:	
Location Payroll Manager (Print):	Work Email & Primary Phone:	
Form Completed by:	Date:	
Name(s) and E-mail(s) of any others to receive Determination Form:		
<b>Note: All EE Leave Start and End Dates must be in the Paycom system and each Leave reportable day must be reflected in the EE Timecard.</b>		