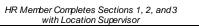
REQUEST FOR LEAVE OF ABSENCE



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Section 1: PERSONAL INFORMATION					
Last Name:		First Name:	Employee Paycom ID:		
Employee Type: Contract EE At-Will EE		Primary Phone:	Primary Email:		
Job Class Code:		Hire Date:	Work Code & Location:		
Section 2: LEAVE ELIGIBILITY					
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)					
	Employee Illness	Certificate of Health Care Provider (Form WH-380E)			
	Child/Parent/Spouse Illness	Certificate of Health Care Provider for Family Member's Illness/Injury (Form WH-380F)			
	Maternity	Certificate of Health Care Provider (Form WH-380F)			
	Paternity (Must be taken within one year of birth)	Certificate of Health Care Provider (Form WH-380F)			
	Adoption/Placement of Foster Child (Must be taken within one year of placement)	Letter of Placement			
	Military Caregiver	Certification for Serious Illness or Injury of Covered Service Member (DOL WH-385-V)			
	Military Exigency	Certification of Qualifying Exigency (DOLWH-384)			
Personal Leaves (not FMLA eligible or not FMLA related)					
	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)			
	Military (non-FMLA)	Department of Defense Orders			
	Maternity (not eligible for FMLA)	Certification from Health Care Provider (including expected delivery date)			
	Other Personal	Explanation of Request			
Section 3: EE MANAGEMENT TEAM					
Sup	Supervisor Name (Print): Work Email & Primary Phone:				
Location Payroll Manager (Print):		Work Email & Primary Phone:			
Fo	orm Completed by:	Date:			
Name(s) and E-mail(s) of any others to receive Determination Form:					
No	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.				