



7900 West Division Street
River Forest, IL 60305

REQUEST FOR LEAVE OF ABSENCE

Employee Name: _____

Department: _____

Reason for Request (check one):

_____ FMLA: *Birth, adoption or placement of child. Employee's own illness.
Care of seriously ill child, spouse or parent.* FMLA forms received _____

_____ Personal

_____ Military

_____ Humanitarian

Requested Dates:

Start: _____ End: _____

Supporting Documents Submitted?:

_____ Yes _____ No

Employee's Signature

Date

Supervisor Approval

Dates Approved:

Start: _____ End: _____

Supervisor's Signature

Date

Please submit a copy of this form with supporting documents to Human Resources for employee records.

HR USE ONLY

Payroll (circle one) FACULTY STAFF

Changes to payroll / put on leave? _____ (date) by _____ (HR Rep)

Enter time in Time & Attendance