AURORA UNIVERSITY

REQUEST FOR LEAVE OF ABSENCE

NAME: _____ DATE: _____

Date Leave Starts: _____ Date Leave Expires: _____

Reason for Leave: (Circle One:) Medical/Family* Military Personal

If for Medical/Family Leave, please indicate:

☐To attend to the serious medical condition of:

☐ self ☐ spouse/partner ☐ child ☐ parent

☐For the care/bonding of a child placed for foster care/adoption

☐ For the birth of a child

* I have received a copy of the Family and Medical Leave Fact Sheet, and letter from Human Resources detailing my responsibilities, and I will abide by these provisions. I understand that if I do not return to work on the above date, nor contact my department supervisor, I will be voluntarily resigning my job. If on a medical leave, I understand I will be required to submit a doctor's statement assuring my return to work will not be harmful to my health.

Please state if you will need leave on an intermittent or partial basis:

INTENTIONS TO RETURN: I plan to return on date: _____.

_____ _____

Employee Signature Date

Accumulated Sick Time and/or Vacation must be used prior to leave without pay. The employee must make arrangements with the Human Resources Office for continuance of medical insurance.

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The following is to be signed by the employee's supervisor/manager, and Human Resources. A completed copy will be returned to the employee and the immediate supervisor.

LEAVE APPROVALS: _____ _____

Supervisor/Manager Date

_____ _____

Human Resources Date

DISTRIBUTION: Human Resources, Supervisor, Employee