

Recover Health Request for Leave of Absence Form (non FMLA)

To Be Completed by the Employee			
Name of Employee:			Social Security #:
Position:	Branch Administrator:	Location:	Work Telephone No.:
Home Address:			Home Telephone No.
Reason for Leave of Absence (non-fmla) please check reason: <input type="checkbox"/> Serious health condition of employee that prevents employee from working <input type="checkbox"/> To care for perosn with serious health condition <input type="checkbox"/> Birth of child or Placement of child for adoption or foster care with employee (anticipated date is: Mili <input type="checkbox"/> Military duty <input type="checkbox"/> Personal <input type="checkbox"/> Other			
Anticipated Start Date of Leave: _____ Date Expect to Return to Work from Leave: _____		This Request Is: <input type="checkbox"/> Original request for leave of absence (non-fmla) <input type="checkbox"/> Request for extension of current leave of absence non-fmla), to be reviewed in 30 day increments	
Employee Signature:			Date Signed:

Leave of absence (explanation/documentation):

Note: Return completed form to Branch Administrator.

To Be Completed by Branch Administrator	
<input type="checkbox"/> This request for leave of absence (non-FMLA)has been approved for period _____ through _____	
<input type="checkbox"/> This leave has not been approved	
Branch Administrator:	Date Signed: