AQUINAS COLLEGE

REQUEST FOR LEAVE OF ABSENCE

NAME:	DEPARTMENT:	DATE:

Type of Leave Requested:

☐ Family and Medical Leave* ☐ Medical (not FMLA) ☐ Personal ☐ Educational ☐ Other _____

***Note:** Any Leave of Absence that qualifies as a Family and Medical Leave will be considered as a Family and Medical Leave

Beginning Date of Leave:	Anticipated Return Date:

Reason for Leave request:

Note: Any leave for a medical reason, including FMLA, must include medical documentation.

Employee's Signature:	Date:
Manager's Approval:	**Date:**
Human Resources Approval:	**Date:**

FOR HUMAN RESOURCES USE ONLY
Date Medical Certification Received:
☐ Paid ☐ Unpaid If paid, type:
ALD: RTW: Notes: