Request for Leave of Absence Form

EMPLOYEE INFORMATION

Employee Name

Home Address	**City**	**State**	**Zip**

Phone Number

_________________________ (Circle) Home Cell

ABSENCE INFORMATION

☐ This is a new request. ☐ This is an update to an existing request.

Requested Start Date:	**Anticipated Return Date:**

TYPE OF LEAVE

☐ Leave of Absence ☐ Intermittent Absence (information required below)

For Intermittent Absences, describe your intermittent or reduced work schedule (e.g., "up to 2-3 sick days a month per doctor"). This must be medically necessary and documented in a current medical certification form from your health care provider.

REASON(S) FOR LEAVE

Please indicate the applicable reason(s) for your leave below. If you require additional information about leave types and their qualifying criteria, please visit https://www.aldridgeinc.com/employees/handbook/Leaves_of_Absence

(Check)

☐ Employees Own Serious Health Condition

☐ Care for a Family Member with a serious health condition, e.g. Parent, Spouse, Child or Domestic Partner*

☐ Care for a newborn *Provide the expected Date of Birth or Placement of Child:* ______________

**** For leaves due to your own or a Family Member's Serious Health Condition, a Medical Certification form is required.***

☐ A completed Certification of Health Care Provider form is attached.

☐ I will submit a Certification of Health Care Provider form within 15 days

☐ Military Leave: Active Duty, Military Caregiver or FML (visit HR website under Labor Relations Dept for information)

☐ Other Medical Leave (e.g., when employee is ineligible for FMLA leave)

☐ Personal Leave (Non-Medical Reason)

Employee Signature:	DATE