

# DAEMEN COLLEGE

## REQUEST FOR LEAVE OF ABSENCE

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_  
Date of Hire: \_\_\_\_\_ Last 4 digits of SSN: \_\_\_\_\_  
Position: \_\_\_\_\_ Department: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Leave Start Date: \_\_\_\_\_ Leave End Date: \_\_\_\_\_

### Leave Type: Check all that apply

- Disability
- Military
- FMLA
- Paid Family Leave
- Workman's Compensation
- Personal

### Purpose:

- Illness/injury/incapacitation of requesting employee
- Care of family member, including medical/dental/ or bereavement
- Care of family member with a serious health condition
- Parental Leave (Birth, Adoption, Foster Placement)
- Other

1. Have you taken a leave of absence in the past 12 months?  YES  NO
2. Is this a request for intermittent leave?  YES  NO
3. Is this a work-related illness or injury?  YES  NO *If yes, please complete an injury report so a Workers' Compensation claim can be filed within 5 days of the injury.*

I certify that the leave/absence requested above is for the purpose(s) indicated. I understand that I must comply with Daemen's procedures for requesting leave/approved absence and provide additional documentation, including medical certification, military documentation, etc. In addition, I recognize that I will need to make arrangements for payment of my health/benefit premiums either as a payroll deduction, pre-payment prior to leave, or monthly payment plan as arranged with the Employee Engagement Office.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date