

CITY OF VALPARAISO

LEAVE REQUEST AND INFORMATION FORM

NOTE: A *Request for Time Off, Report of Tardies and Occurrences of Absence Form* will need to be completed when time off is taken. If a *Medical Certification Form* needs to be completed, Human Resources will make sure the employee received one.

Date: _____ Name of Person Completing Form: _____

COMPLETE THE QUESTIONS BELOW AND FAX TO HUMAN RESOURCES AT (219) 462-6124

Employee's Name _____ SS# _____ Date of Birth _____

Department _____ Position _____

Home Address _____
Street/Apartment # _____ City _____ State _____ Zip Code _____

Home Phone Number _____
Area Code _____ Number _____

Date of Hire _____ If FMLA Leave is requested, is employee regular, full time? _____ Yes _____
No

Did employee work at least 1,250 hrs. in the preceding calendar year, not including PTO, SPTO, or holidays? _____ Yes _____ No

Type of leave requested and the reason for the leave _____

(NOTE: If employee's leave is because of the serious health condition of a spouse, child, or parent, the employee must state the care that will be provided and give an estimate of the period of time that care will be provided)

Last day employee will work _____ Approx. last day employee will work _____ Last day worked _____

First full day of work missed (if employee is now off work) _____

If the reason for the leave is the employee's own serious health condition, is it anticipated that absence will last more than 30 consecutive calendar days? _____ Yes _____ No _____ Not Known

Leave is expected to be taken on the following basis: _____ Consecutive Days _____ Intermittent Basis or Reduced Work Schedule

(NOTE: If leave is to be taken on an intermittent or reduced work schedule basis, the employee must complete *Request for Leave on an Intermittent Basis or Reduced Work Schedule form.*)

Date employee expects to return or approximate length of time employee will be gone (if known) _____

Earnings on a semi-monthly basis (Do not include overtime) \$ _____ Semi-Monthly

Employee's Signature

Date

If not signed by the employee, please state why _____

Department Head's Signature

Date

The Department Head should check (✓) one of the following, if applicable: _____ Leave Granted _____ Leave Denied