



LEAVE of ABSENCE REQUEST FORM

Part A: To be completed by employee and/or supervisor, and then submitted to supervisor.

Employee Name Julie Christian Department Ossian Branch

REASON FOR LEAVE:

- ☐ Birth of a child/ adoption of a child or placement of a child in foster care
- ☒ Due to the employee's own serious health condition
- ☐ To care for a qualifying family member with a serious health condition
- ☐ To attend to a Qualifying Exigency (QE) for a spouse, parent, child of a service member who is "on active duty (or notified of an impending call or order to active duty) in the Armed Forces (including the Reserves and National Guard) in support of a contingency operation."
- ☐ To care for a qualifying family member who incurred a serious injury or illness in the line of duty while on active duty in the Armed Forces or Emergency Services.

Provide description/details as appropriate:

Knee Replacement Surgery Scheduled for February 5.
Time off is approximately 8 to 12 weeks

TYPE OF LEAVE REQUESTED:

- ☒ Continuous ☐ Intermittent ☐ Reduced Hours

If leave is approved, do you wish to use available sick leave, vacation time and/or compensatory time while on leave? ☒ Yes ☐ No

If applicable, provide details: _____

Date leave to start: 1/5/2024 Date of anticipated return to work: 4/15/2024

Julie Christian
Signature of Employee or Representative

1/5/2024
Date

Susan M. Dailey
Supervisor's Signature

1/5/24
Date

Part B: To be completed by supervisor, and then submitted to human resource contact.

Employee's ID# 24 Hire Date 1/25/89 Employee's Job Title Ossian Branch Asst.

- ☒ I have attached a list of essential job functions for this employee's position (for leave requests arising due to the employee's own serious health condition).

Susan M. Dailey
Supervisor Signature

Susan M. Dailey
Supervisor Printed Name

1/5/24
Date

Part C: To be completed by human resource and then submitted to director.

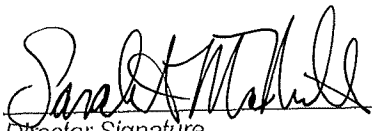
Date agency became aware of employee's need for leave: 1/5/24

Are employee and reason for leave eligible? ☒ Yes ☐ No (Complete appropriate FMLA MOU)

Danielle Archbold
HR Representative Signature

1/5/2024
Date

Part D: To be signed by director and then submitted to board for approval.


Director Signature

1/5/2024
Date

Part E: To be signed by Board of Trustees if approved.

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