



LEAVE OF ABSENCE REQUEST FORM

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SUPERVISOR: FAX TO 480.993.0007

EMPLOYEE SECTION: COMPLETE & SUBMIT TO DEPARTMENT

Employee Name: _____ Date: _____
Employee 10-digit ID Number: _____
Requested Dates: From: _____ (first day of leave) To: _____ (proposed return to work date)
Reason: _____

➤ Birth/Placement for Adoption or Foster Care/Bonding

- BirthDate of Birth: _____
- Placement for AdoptionDate of Placement: _____
- Placement for Foster Care.....Date of Placement: _____
- Bonding (Within one year).....Date of Birth or Placement: _____

Are you requesting Parental Leave benefits? Yes No
Are you the: Mother Father Domestic Partner Other _____
Is another ASU employee also requesting leave for this same event? Yes No
If yes, Employee's Name and ID Number: _____

- Employee Medical Leave (including Employee Medical Leave or Worker's Compensation)
- Employee Personal Leave (non-medical)
- Family Member Leave (select one):
 - Family Member Health Military Family Member Health Military Family Business
 Name of family member _____ Relationship _____
- Employee Military *Complete the separate [Leave of Absence Request Form - Employee Military Leave](#)*

I understand that If I do not return from my leave of absence at the expiration of this leave, unless prior written approval of an extension has been obtained, my employment may be terminated per the terms of SPP 1011 or ACD 707.

Employee Name (Print) Employee Signature Date

SUPERVISOR SECTION: COMPLETE & FAX TO HR DISABILITY & LEAVES PROGRAM MANAGEMENT

- FMLA Leave:.....with Workers' Compensation
 - Continuous
 - Intermittent
- ASU Leave:
 - Extended Leave of Absence (Staff, Administrator)with Workers' Compensation
 - Health Related Leave (Faculty or Academic Professional using Sick time).....with Workers' Compensation
 - Leave without Pay (Faculty, Academic Professional).....with Workers' Compensation
- Paid -OR- Unpaid

Last Day Worked _____ - or - Estimated Last Day of Work _____
Department Name _____ Department Number _____
Data Time Administrator Name: _____ Telephone Number _____

Supervisor / Designee Name (Print) Supervisor / Designee Signature Date

Budgetary Approval: VP/Dean/Designee Name (Print) VP/Dean/Designee Signature Date