

# TARC Leave Request Form

Employee Name: \_\_\_\_\_ Position: \_\_\_\_\_

Type of leave requested (*Please review the Employee Handbook for policy guidelines on the following types of leave and check all that apply*):

- FMLA \_\_\_\_\_  
**(Approved by the Human Resources Director)**
- Bereavement Leave \*Date of Funeral: \_\_\_\_\_  
(Employee must provide the name and relationship of the deceased, date of death and time and place of funeral.)
- Paid Personal Hours (Regular Part-time Employees)
- Military Unpaid Leave (Activated Military Personnel)
- Jury Duty
- Unpaid Time Off \*Reason: \_\_\_\_\_  
**(Must be approved by the Executive Director.)**
- Vacation
- New Sick Time Paid \*Reason: \_\_\_\_\_
- Old Sick Time Paid \*Reason: \_\_\_\_\_

Please check FMLA if time requested applies to pre-approved FMLA leave.

I am requesting \_\_\_\_\_ hours on the following day / days: \_\_\_\_\_

Hours Available: \_\_\_\_\_

Supervisors, managers, & project coordinators will verify available hours for the employee from the accrual report. Once verified, the Leave Request Form will be forwarded to the Department Director for their approval and signature.

**To be used for: FMLA, Personal Leave, and Military Leave.**

Reason for leave of absence: \_\_\_\_\_  
(Please attach an additional sheet of explanation, if necessary, for Family-FMLA (12 months of completed service is necessary to qualify with 1250 hours worked) or Personal Leave. Attach a copy of military orders for Military Leave.)

Beginning date of leave: \_\_\_\_\_

Expected date of return: \_\_\_\_\_

Employees requesting Medical Leave / FMLA must attach a health-care provider's statement verifying the need for leave and its beginning and expected ending dates. Any changes in this information should be promptly reported.

Employees returning from Medical Leave/FMLA must submit a health-care provider's verification of their fitness to return to work full duty with no restrictions.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Executive Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Cc: Director/Employee