Request for Leave of Absence Form

Submit completed form to leaves@chapman.edu at least 30 days in advance if the leave is foreseeable, or as soon as possible.

EMPLOYEE INFORMATION

Employee Name (First, Last, Middle Initial)	**Mailing Address**		
_____	_____		
Email address While on Leave (non-Chapman University)	**City**	**State**	**Zip**
_____	_____	_____	_____
Job Title/ Department – _____	**Telephone Number** _____ ____ HOME ____CELL		
Status (check one): ____ **Administrator** ____ **Staff**	**Last Day worked:** _____		
Requested start date of leave: _____	**Anticipated return date:** _____		

REASON(S) FOR LEAVE (*ATTACH SUPPORTING DOCUMENTATION, OR PROVIDE WITHIN 30 DAYS OF LEAVE REQUEST*)

Pregnancy (*check all that apply*)

____ Disabled due to pregnancy - Estimated Due Date:_____

____ Request leave to bond with newborn child immediately following pregnancy disability period

Medical (*check all that apply*)

____ Unable to work due to own serious health condition - Employees Own Serious Health Condition (**not work related**)

____ Intermittent medical leave or a reduced leave schedule, due to own serious health condition

Family (*check all that apply*)

____ Bonding with newborn child (Estimated Due Date:_____ or Date of Birth_____)

____ Adoption, placement, or Foster Care (with employee). Date of placement/adoption:

____ Care for spouse, child, parent, or registered domestic partner with a serious health condition.

____ Intermittent family leave or a reduced schedule to care for a seriously ill family member.

Other

____ Personal Leave (Non-Medical Reason)

____ Military Leave: Active Duty, Military Caregiver or FML

____ Other Medical Leave (e.g., leave for extended family members or when employee is ineligible for other leaves)

____ Workplace Injury / Worker's Compensation

ADDITIONAL INFORMATION

I will file for State Disability/Paid Family leave (optional) ☐ Yes ☐ No

I will use Vacation in lieu of Sick if Sick runs out ☐ Yes ☐ No. If Yes:

1. I would like to only use Vacation accruals necessary to pay my benefit premiums ☐
2. I would prefer to use Vacation in full to reach 100% gross salary instead ☐

Employee Signature **Date**

*Please note, requests for leave of absence can take up to five business days to process. Your request will not be approved until you provide the necessary certification. Certification is due **NO LATER THAN 30 DAYS** after your first day missed due to the leave. Your leave request may be denied or partially denied if you do not submit certification within 30 days of your first day missed due to the leave.*