### FACILITY SERVICES
### Request For Leave

<table>
<thead>
<tr>
<th>Name (Last)</th>
<th>(First)</th>
<th>(Middle Initial)</th>
<th>Date</th>
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**Position** (circle one): Custodial  Grounds  Maintenance  Other  Building/Location:

I request leave

- Beginning  
  - Time:  
  - A.M.  
  - P.M.  
  - Date:  
  - Year:  

- Ending  
  - Time:  
  - A.M.  
  - P.M.  
  - Date:  
  - Year:  

**REASON for LEAVE:**  
*(Mark Appropriate Boxes Below)*

- Sick Leave  
  - # of Hours  
  - (Explain in Employee Notes/Remarks)  
  - # of Hours  

- Vacation  
  - # of Hours  
  - Personal  
  - # of Hours  

- Scheduled Leave Without Pay  
  - (Explain in Employee Notes/Remarks)  

- Civic Responsibility: (mark one)  
  - (Attach copy of subpoena or summons)  
  - Jury Duty  
  - Witness Duty  

- Adoption / Childbirth Leave  
  - (Attach copy of orders, or other appropriate documentation, that supports request for Military leave)  

- Military With Pay  
- Military Without Pay  

- Bereavement  
  - Name of Deceased  
  - Relationship  
  - Date of Death  

- Pending Disability  
- Pending Workers’ Compensation  

**Is this absence due to a condition for which an FMLA Certification form is on file with HR?**  
*See important NOTE 2 below.*

I have insufficient leave for the above request. I request the following leave be used in lieu of the leave requested above:

- Vacation  
- Personal  

- Unpaid Time Off  
  - (Explain in Employee Notes/Remarks)  
  - See important NOTE 1 below

**Employee Signature**

**Administrative Action**

**NOTE 1:**  
*The employee will be placed on an unpaid status for the period selected and progressive discipline may be initiated*  

**NOTE 2:**  
*This request complies with the Genetic Information Nondiscrimination Act of 2008 (GINA)*

**Supervisor Signature/Date**

**For Unpaid Leave Only - Human Resources Signature/Date**

Facility Services  
(8/2017)

Copies To: Timekeeper, Manager/Supervisor, Employee