



Leave of absence request form

Supervisor fax to 480-993-0007

Employee name: _____ Date: _____

Employee 10-digit ID number: _____

Requested Dates: _____ first day of leave. _____ proposed return to work date

Reason: _____

- Birth or placement for adoption or foster care or bonding
 - Birth.....Date of birth: _____
 - Placement for AdoptionDate of placement: _____
 - Placement for Foster Care.....Date of placement: _____
 - Bonding, within one yearDate of birth or placement: _____
- Are you requesting parental leave benefits? Yes No
- Your role: Mother Father 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 nonmedical.
 - 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 AND FAX TO HR DISABILITY AND 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: _____ Phone number _____

Supervisor or designee name, print _____ Signature _____ Date _____

Budgetary approval

VP, dean, designee name, print _____ Signature _____ Date _____