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**Employee Medical or Family Leave of Absence Request Form**

Name: \_\_\_\_\_ Smith ID#: \_\_\_\_\_

Position: \_\_\_\_\_ Department: \_\_\_\_\_

Date of Hire: \_\_\_\_\_

**Type of leave requested (check one):**

☐ Intermittent/Reduced Schedule ☐ Continuous

**Reason for leave (check one):**

- ☐ Own Serious Health Condition
- ☐ Care of family member (please list relationship) \_\_\_\_\_
- ☐ Qualifying Exigency

Start date of Leave of Absence: \_\_\_\_\_ Expected return to work date: \_\_\_\_\_

*I understand that by requesting this leave of absence, I am committed to returning to work on the date specified.*

**Compensation for Leave of Absence:**

- ☐ Utilize accrued sick (if applicable), vacation, and personal time
- ☐ Utilize all accrued time and then access the Sick Leave Bank
- ☐ Take partial compensation benefit under the MA Paid Family Medical Leave (if approved)
- ☐ Take partial compensation benefit under the MA Paid Family Medical Leave (if approved) and top-off with accrued time to make pay whole.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_