
Small Necessities Leave Act Request Form

Name: _____ Employee ID # _____

Department: _____ Position: _____

Employee Type: ☐ Faculty ☐ Staff Hire Date: _____

Please complete the applicable section below and forward this application to your Manager/Supervisor/Department Head. In order to be eligible, you must have worked for the college at least 12 months (52 weeks) AND you must have worked 1250 hours during the 12-month period immediately before the date the leave would begin. Eligible employees are entitled to take up to 24 hours of unpaid leave during a 12-month period. See the *Small Necessities Leave Policy* for more details.

I certify that on (date) _____ I will/did take _____ hours of leave for the following reason:

- ☐ To participate in school activities directly related to the educational advancement of a son/daughter.
- ☐ To accompany a son/daughter to routine medical or dental appointments such as check-ups or vaccinations.
- ☐ To accompany an elderly relative to routine medical or dental appointments or appointments for other professional services related to the elder's care.

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

Employee Signature: _____ Date: _____

Use by Benefits Department Only:

☐ Approved ☐ Denied