

RETURN TO HR

TOWN OF MILFORD

REQUEST FOR LEAVE OF ABSENCE

NAME: _____ (Printed Name)	DATE: _____
--------------------------------------	--------------------

Type of Leave requested (Check all that apply): **With Pay:** **Without Pay:**

- | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> FMLA Medical (Self)
<input type="checkbox"/> FMLA Medical (Spouse/Child/Parent)
<input type="checkbox"/> FMLA Non-Medical (Birth/Adoption)
<input type="checkbox"/> Non-Medical (Extended Vacation/Personal)
<input type="checkbox"/> Other: _____
(Explain) | <input type="checkbox"/> Educational
<input type="checkbox"/> Visit Other Government Agency
<input type="checkbox"/> Elected Delegate to Constitutional Convention
<input type="checkbox"/> Military (Attach Copy of Orders) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Start Date (First date of leave) _____ **Return Date** (Date of return to work) _____

Note: For other than long-term Military Orders, a Leave of Absence (with or without pay) may only be granted for a period not-to-exceed three (3) months. Any Leave of Absence required beyond this 3-month period must be re-applied for by the applicant for one subsequent 3-month period.

Reason for Requested Leave (Explain why leave is required): _____

Certification from a physician or qualified health-care provider is required for leave requests due to the serious health condition of the employee or of the employee's spouse, child or parent. This certification form is available from the Human Resource Department.

Employee Signature: _____ **Date:** _____

I understand that, if I do not return from my Leave of Absence at the expiration of this leave, my employment may be terminated unless an extension has been approved in advance.

Supervisor Signature: _____ **Date:** _____

Town Administrator Approval: _____ **Date:** _____