

LEAVE REQUEST FORM

Instructions to the Employee: You must complete and return this form to Human Resources if you are requesting a leave of absence. If foreseeable, you must do so at least 30 days before your absence. Otherwise, you must complete and return this form to HR as soon as practicable under the circumstances. If you are not able to return this form in person, you may send it by fax or mail:

Fax: 847-459-0380

Mail: North Suburban Library System, 200 W. Dundee Rd., Wheeling, IL 60090

Attention: Human Resources

Your failure to complete and submit this form in a timely manner, or to provide any additional information requested by Human Resources, may result in delay or denial of your request for leave. Submitting this form does not guarantee that your absence will be approved. The NSLS reserves the right to grant or deny leave requests in its sole discretion, to the extent permitted by any applicable law. Absences, whether approved or unapproved, may result in discipline, up to and including termination.

1. Your Name: _____
 First Middle Last

Department: _____ Supervisor: _____

2. What is the reason for your absence?

My own health condition

Have you seen, or will you be seeing a health care provider for this condition? No Yes

Is the condition work related? No Yes (If yes, you must complete an accident report.)

If applicable, do you wish to use any available paid time off to supplement any disability benefits you may receive under the Company's group disability insurance plan or workers' compensation law while you are out on leave? No Yes

Family member's health condition

Name of family member? _____ Relationship to you? _____

Has your family member seen, or will he or she be seeing a health care provider for this condition?

No Yes

Birth of child, pregnancy, or prenatal care, or to care for newborn child

Estimated delivery date: _____

Other – Please describe: _____

3. If you are requesting leave due to your own or a family member's serious health condition, have you previously requested or taken FMLA leave for this condition? No Yes

4. Date(s) (or expected dates) of absence: _____

5. If you expect to be absent for less than a full day on any of the above dates, please describe your expected schedule:

By signing below, you certify that the information above is accurate:

Employee Signature

Date