



# Integrated Community Services, Inc.

Bringing Community to Life

## LEAVE REQUEST FORM

### I. EMPLOYEE INFORMATION

Name: \_\_\_\_\_ Employee #: \_\_\_\_\_ Phone: \_\_\_\_\_

Dept. Name: \_\_\_\_\_ Dept. #: \_\_\_\_\_

### II. PAID LEAVE AND/OR UNPAID LEAVE OF LESS THAN 30 DAYS

Start Date: \_\_\_\_\_ Anticipated Return Date: \_\_\_\_\_

Reason for Time Away	ALLOCATION OF LEAVE HOURS	
	TYPE OF LEAVE	# DAYS/HOURS
	Paid	
	Unpaid	
	Vacation	
	Sick	
	<b>Total Time Away</b>	

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

Supervisor's Decision:  Approved  Denied  
Reason: \_\_\_\_\_

Supervisor's Signature/Date: \_\_\_\_\_

### III. UNPAID LEAVE OF ABSENCE OF 30 CONSECUTIVE DAYS OR MORE

(Original form sent to Human Resources; copy to Employee Benefits; copy kept in department)

Reason for Leave \_\_\_\_\_ Start Date: \_\_\_\_\_  
Anticipated Return Date: \_\_\_\_\_

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

Supervisor's Decision:  Approved  Denied  
Reason: \_\_\_\_\_

Supervisor's Signature/Date: \_\_\_\_\_

### IV. RETURN TO WORK FROM ANY UNPAID LOA, FMLA, SHORT TERM DISABILITY, OR LONG TERM DISABILITY (Send original to Human Resources.)

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Dept. Name: \_\_\_\_\_ Dept. #: \_\_\_\_\_

Supervisor:  Employee returned to work after unpaid LOA, STD, or LTD in excess of 30 days. Return Employee to active status as of the following date: \_\_\_\_/\_\_\_\_/\_\_\_\_.

Return to:  staff: schedule hours of # \_\_\_\_\_ hrs/wk  
 academic: \_\_\_\_% FT  
 new rate of pay \_\_\_\_\_

Supervisor's Signature/Date: \_\_\_\_\_