## Request for Leave or Approved Absence

1. Name *(Last, first, middle)*

2. Employee or Social Security Number

3. Organization

4. **Type of Leave/Absence**

| Check appropriate box(es) and enter date and time below) | Date From | Date To | Time From | Time To | Total Hours |
|---|---|---|---|---|---|
| ☐ Accrued annual leave | | | | | |
| | | | | | |
| ☐ Accrued sick leave | | | | | |
| ☐ Compensatory time off | | | | | |
| ☐ Other paid absence *(specify in remarks)* | | | | | |
| ☐ Leave without pay | | | | | |

Purpose:
- ☐ Illness/injury/incapacitation of requesting employee
- ☐ Medical/dental/optical examination of requesting employee
- ☐ Care of family member, including medical/dental/optical examination of family member, or bereavement
- ☐ Care of family member with a serious health condition

5. **Family and Medical Leave**

If LWOP will be used under the Family and Medical Leave Act of 1993 (FMLA), please provide the following information

☐ I hereby invoke my entitlement to to family and medical leave for:

- ☐ Birth/Adoption/Foster care
- ☐ Serious health condition of spouse, son, daughter, or parent
- ☐ Serious health condition of self

Contact your supervisor and/or your personnel office to obtain additional information about your entitlements and responsibilities under the FMLA

Medical certification including projected duration shall be attached.

6. Remarks

7. Certification: I certify that the leave/absence requested above is for the purpose(s) indicated. I understand that I must comply with my employing agency's procedures for requestion leave/approved absence (and provide additional documentation, including medical certification, if required) and that falsification of information on this form may be grounds for disciplinary action, including removal.

7a. Employee signature

7b. Date signed

8a. Official action on request

☐ Approved ☐ Disapproved

8b. Signature

8c. Date signed

**Privacy Act Statement**

Section 6311 of title 5, United States Code, authorizes collection of this information. The primary use of this information is by management and your payroll office to approve and record your use of leave. Additional disclosures of the information may be: To the Department of Labor when processing a claim for compensation regarding a job connected injury or illness; to a State unemployment compensation office regarding a claim; to Federal Life Insurance or Health Benefits carriers regarding a claim; to a Federal, State, or local law enforcement agency when your agency becomes aware of a violation or possible violation of civil or criminal law; to a Federal agency when conducting an investigation for employment or security reasons; to the Office of Personnel Management or the General Accounting Office when the information is required for evaluation of leave administration; or the General Services Administration in connection with its responsibilities for records management.

Public Law 104-134 (April 26, 1996) requires that any person doing business with the Federal Government furnish a social security number or tax identification number. This is an amendment to title 31, Section 7701. Furnishing the social security number, as well as other data, is voluntary, but failure to do so may delay or prevent action on the application. If your agency uses the information furnished on this form for purposes other than those indicated above, it may provide you with an additional statement reflecting those purposes.