

Last Name: _____

o

o Care of family member, including medical/dental/ or bereavement

o Care of family member with a serious health condition

REQUEST FOR LEAVE OF ABSENCE

First Illness/injury/incapacitation of requesting employee

1. Have you taken a leave of absence in the pas	st 12 monthse? ^ ´ E K
Have you taken a leave of absence in the past 2. Is this a request for intermittent leave z ^	
2. Is this a request for intermittent leave z ^ 3. Is this a workelated illness or injury? z ^ '	´EK IEyt≼s, please complete an injury report so a
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