



University of Massachusetts Medical School
Department of Human Resources/Benefits
333 South Street, 2nd floor
Shrewsbury, MA 01545

REQUEST FOR LEAVE OF ABSENCE FORM

For further clarification, please refer to the following UMASS Medical School Policies:

- Family and Medical Leave / Maternity Leave
- Small Necessities Leave
- Leave of Absence
- Military Leave

Employee:	Employee #:	Schedule Hours:
Date of Hire	Department:	Location:
Home Phone:	Home Address:	Supervisor:

REASON FOR LEAVE OF ABSENCE (PLEASE CHECK APPROPRIATE BOX)

- ☐ Birth/Adoption (circle appropriate selection)
- ☐ Employee Illness
- ☐ Care of a Minor Child/Spouse/Parent (circle appropriate selection)
- ☐ Small Necessities
- ☐ Jury Duty
- ☐ Military Leave for Employee
- ☐ Leave for Care of Covered Service Member Due to Serious Injury or Illness
- ☐ Leave for Qualifying Exigency Related to Military Contingency Operations
- ☐ Personal

LEAVE TYPE (PLEASE CHECK APPROPRIATE BOX)

- ☐ Continuous
- ☐ Intermittent
- ☐ Reduced Schedule

Leave Begin and End Dates: ____/____/____ to ____/____/____

Time Requested: _____ ☐ Days ☐ Hours ☐ Weeks

I understand that I will be reinstated to my same position if it is deemed that I am eligible for FMLA.

I also understand that failure to return from the approved Leave of Absence within the agreed upon timeframe may constitute a voluntary termination.

I have read the Leave of Absence policies and am aware of my responsibilities.

LEAVE WILL BE PAID ONLY IF EMPLOYEE HAS SUFFICIENT AND APPROPRIATE ACCRUALS TO COVER PART OR ALL OF THE ABSENCE.

Employee Signature: _____ Date: _____

Supervisor (Please Print) _____

Supervisor Signature: _____ Date: _____