

**WOODBRIIDGE MANAGEMENT & EDUCATION
SERVICES - WMES**

Request for Leave of Absence

Facility Name: _____

Employee Name: _____ Position: _____

Type of leave requested (*Please review the WMES Employee Handbook for policy guidelines on the following types of leave*):

____ Medical Leave ____ Pregnancy Disability Leave ____ FMLA Leave ____ Military Leave
____ Other (please explain) _____

(For Personal Leave requests, please use the separate Personal Leave Request form)

Reason for the requested leave of absence: _____

(Please attach an additional sheet of explanation, if necessary, for Family or Personal Leave requests. Attach a copy of your military orders for Military Leave requests.)

Beginning Date of leave: _____

Expected Date of return: _____

You are required to use any and all paid vacation/personal (banked or otherwise) time first, and in conjunction with your unpaid leave. Check employee handbook for clarification.

I have _____ days of **sick/personal time** remaining and/or

I have _____ days if **vacation time** remaining that must be used first, in conjunction with my FMLA leave.

Employees requesting Medical or Pregnancy Disability Leave must attach a health-care provider's statement verifying the need for leave and its beginning and expected ending (return) dates. Any changes in this information should be promptly reported to the WMES office. For Military Leave – Attach copy of official Orders.

Employees returning from Medical or Pregnancy Disability Leave must submit a health-care provider's verification (Return To Work form) of their fitness to return to work duties (including any limitations on the employee's ability to perform the essential duties of the job) at least three days prior to returning to work.

GINA "Safe Harbor" Notice: "The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of employees or their family members. In order to comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. 'Genetic information,' as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services."

Employee Signature: _____ Date: _____

Director Supervisor's approval: _____ Date: _____

Human Resources Signature/Comments: _____