



**STAFF REQUEST FOR LEAVE OF ABSENCE OR INTERMITTENT LEAVE**

Instructions: Please complete all applicable sections, sign, date and return form to your supervisor.

**Your information**

|                                       |               |                 |
|---------------------------------------|---------------|-----------------|
| _____                                 | _____         | _____           |
| Name                                  | Title         | BUID#           |
| _____                                 | _____         | _____           |
| Unit/Department                       | Phone: Office | Home            |
| _____                                 | _____         | _____           |
| Home Address - Please include Street, | City,         | State, Zip Code |

**Reason for your request for Leave**

- The birth of a child, or placement of a child with you for adoption or foster care
  - Your own serious health condition
  - You are needed to care for your  spouse;  son or daughter;  parent due to his/her serious health condition
  - A qualifying exigency arising out of the fact that your  spouse;  son or daughter;  parent is on, or has been notified of an impending call to, covered active duty in the Armed Forces.
  - You are the  spouse;  son or daughter;  parent;  next of kin of a covered service member with a serious injury or illness
  - Military Leave - You have been called to active duty for a period beyond fifteen (15) calendar days
  - Domestic Violence Leave
  - Personal Leave of Absence (non-medical) Reason: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Period of Your Leave** I expect to be away from work for the following dates/work days:

- For continuous leave: Beginning On: \_\_\_\_\_ Ending On: \_\_\_\_\_
- Intermittent or Reduced Schedule Leave on the following dates: \_\_\_\_\_

**●ALL LEAVE REQUESTS ARE SUBJECT TO REVIEW AND APPROVAL BY HUMAN RESOURCES.**

**●YOU WILL BE INFORMED WHETHER YOUR LEAVE WILL BE DESIGNATED AS FMLA LEAVE AND COUNTED AGAINST YOUR FMLA LEAVE ENTITLEMENT.**

**●BU POLICIES REGARDING APPLICATION OF SICK AND VACATION LEAVE TO VARIOUS TYPES OF LEAVE CAN BE FOUND AT [www.bu.edu/hr](http://www.bu.edu/hr)**

**Signatures:**

|                      |       |
|----------------------|-------|
| _____                | _____ |
| Employee's Signature | Date  |