

**Medical Non-FMLA Leave Request Form**

Required form to be submitted when an employee requests a Medical Leave of Absence and is not eligible for FMLA

# Request for Medical Leave (non-FMLA)



I request a leave of absence from \_\_\_\_\_ to \_\_\_\_\_ for (choose one):

- The birth of a child
- A serious health condition that makes me unable to perform the essential functions of my job.

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



For more information reference the Medical Leave Non Occupational and Occupational Policies: HR.BNC.06A and HR.BNC.06B



I may elect to use Paid Time Off during this leave. I understand that I must make arrangements to pay benefit premiums to ensure benefit coverage continues. I understand that I am responsible for the full leave of absence cost of benefits. I understand that I may not be reinstated to the same or equivalent position at the end of my leave if one is not available.

\_\_\_\_\_  
Employee Name (please print)

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Head Signature

\_\_\_\_\_  
Date