

LEAVE OF ABSENCE REQUEST

Employee: _____ Employee number: _____

Department: _____ Supervisor's name: _____

Work phone number: _____ Home phone number: _____

To be eligible for Family Medical Leave Act (FMLA)/Military Family Leave Act (MFLA), you must have worked for St. Jude for at least one (1) year **and** performed at least 1250 hours of work during the previous 12 months from request date.

To be eligible for Personal Leave, you must have worked less than one (1) year to receive up to six (6) weeks of leave; or one year or more to receive up to 12 weeks of leave.

Type of Leave Requested	Continuous	Intermittent	Additional Information Required
FMLA – Self			Medical Certification MUST be completed
FMLA – Family (spouse, child, parent)			Medical Certification MUST be completed
Maternity		N/A	Medical Certification MUST be completed
Paternity		N/A	Medical Certification MUST be completed
Personal – Health Condition		N/A	MUST attach written approval from Sup/Mgr; Medical Certification MUST be completed
Personal – Personal Situation		N/A	MUST attach written approval from Sup/Mgr
Qualifying Exigency (spouse, son or daughter, parent on active duty or call to active duty status)			Copy of military member's activity duty orders or other documentation issued by the military; Proof of family relationship
Caregiver of Service member (spouse, son or daughter, parent's serious injury or illness due to active duty)			Copy of military member's activity duty orders or other documentation issued by the military; Medical Certification MUST be completed

Anticipated leave start date: _____ Actual last date worked: _____

Anticipated return to work date: _____

If LOA qualifies you for benefits outlined in FMLA/MFLA, you will be notified of your rights and responsibilities within five (5) business days of receipt of this form in HR Benefits.

Employee signature: _____ Date: _____

Supervisor/Manager signature: _____ Date: _____

FOR HR USE ONLY:

HR representative signature: _____ Date received: _____