



LEAVE REQUEST FORM

Employee Name: _____ Department: _____

Time of Request and Planned Return:

- Partial Day on ____/____/____ from _____ to _____.
- One Full Day on ____/____/____.
- Two to Five Days off from ____/____/____ to ____/____/____.
- Extended Time off from ____/____/____ to ____/____/____.

Planned Return: I plan to return to work on ____/____/____ at _____.

Type of Absence:

- Adoption/Birth/Foster Care
- Illness: Short Term
- Personal Business
- Bereavement
- Illness: Long Term
- Vacation
- Doctor's Appointment
- Jury Duty
- Other: _____

- Is this absence a call in? No Yes
- Is this absence due to a work-related injury? No Yes: Date: _____
- Is this absence due to a serious health condition of the employee? No Yes: _____
- Is this absence due to a serious health condition of a relative? No Yes: _____

Type of Compensation:

- Leave without Pay
- Training Time
- Worker's Compensation
- Sick Time: Covers medical appointments, childbirth, injury/illness of employee or family members.
- Vacation Time: Covers any form of absence.

Advance Notice Policy: ISE requires an advance notice for all absences except for emergencies. A 7-Day Notice is required for 3-Day Absence or Less, a 14-Day Notice is required for 4-14 Day Absences, and a 21-Day Notice is required for any absences beyond 15 days.

Employee Signature: _____

Date: _____

Action of Supervision:

- Approved. Is a substitute needed? No Yes – Substitute Name: _____
- Call In Verified. Minimum Requirements Satisfied for Call-in (Advanced Notice & Reason for Call-In)
- Unapproved. Reason Unapproved: _____

Supervisor Signature: _____

Date: _____

Action of Human Resources:

- Was leave form received in timely manner for processing? Yes No N/A
- If there sufficient leave time to cover this request? Yes No N/A
- What is the exact number of leave time required for this leave? Number of Leave Time: _____
- Worker's Compensation Case: Will ISE pay for this leave? Yes No N/A
- FMLA: Is employee eligible for FMLA coverage? Yes No N/A
- FMLA: What is the date this leave will expire under FMLA? Expiration of Leave: _____

Human Resources Signature: _____

Date: _____