

**ARCHDIOCESE OF LOS ANGELES
LEAVE OF ABSENCE REQUEST**

Form A

Please read the attached Archdiocesan Leave of Absence Policy.

- 1) Complete all sections of this form and give it to the person in charge, for signature, along with sufficient certification for the leave, (i.e., doctor's note).
- 2) Bring the leave request and certification to the appropriate administrator (i.e., Pastor, Principal, or Human Resources for ACC/Cemeteries/Mortuaries employees) for review and approval.

Employee Name: _____ Location/Department: _____

Home Phone: _____ Cell Phone: _____

Beginning Date of Absence: _____ Last Date of Absence: _____

REASON FOR LEAVE REQUEST

I am requesting:

Family and Medical Leave (FMLA) for:

- The birth of a child or placement of a child with me for adoption or foster care.
- Pregnancy Disability Leave Family Care Leave My own serious health condition.
- To care for my: spouse, child, registered domestic partner, parent, grandparent, grandchild, or sibling due to his/her serious health condition.
- Because of a qualifying exigency since my spouse, son, daughter, or parent is on active-duty status in support of a contingency operation as a member of the National Guard or Reserves.
- Because I am the spouse, son or daughter, parent, or next of kin of a covered service member or eligible veteran with a serious illness or injury who requires my care.

Other Non FMLA Leaves:

- Personal Leave Reason: _____
- Military Leave Military Spouse Leave
- Workers' Compensation Leave

ACKNOWLEDGEMENT

I have read and understand the attached Archdiocesan Leave of Absence policy. I understand that if leave eligibility requirements are met and the leave is approved, I am responsible for keeping the person in charge and appropriate administrator (i.e., Pastor, Principal, or Human Resources for ACC/Cemeteries employees) informed regarding the status of my leave. I also understand that I am responsible for paying the required insurance premiums during my leave as stated in the attached leave policy.

Employee's Signature

Date

Person in Charge Signature

Date

Administrator's/Human Resources Representative's Signature

Date

