

**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: \_\_\_\_\_

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**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.
- 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

