WAYSIDE
YOUTH & FAMILY
SUPPORT NETWORK
Building Strength, Hope & Resiliency

LEAVE REQUEST FORM

(*The following request is to be completed and returned to the Department of People & Culture*)

☐ **FMLA** ☐ **MEDICAL LEAVE** ☐ **PARENTAL LEAVE**

Employee's Name _____

Program Name _____

Program Director _____

Eligibility Criteria

FAMILY & MEDICAL LEAVE ACT:

☐ 12 months of employment with Wayside (need not be consecutively)

AND

☐ 1250 hours of service for the 12 month period immediately preceding the commencement of the leave

PARENTAL LEAVE:

☐ Completed 90 days of employment with Wayside

MEDICAL LEAVE:

☐ Do not qualify for other leave ***OR*** ☐ Exhausted other types of leave

Request for Full-Time Leave

I request a leave of absence from _____ (date) to _____ (date) for the following reason:

☐ For birth of my child and/or to care for the newborn child.
(Birth Certificate or Doctor's Note needed)

☐ For placement of a child with me for adoption or foster care.
(Placement Letter or Adoption Documents needed)

☐ To care for my (circle one): spouse, child or parent with a serious health condition.
Name: _____
(Doctor's Note needed)

☐ My own serious health condition. *(Doctor's Note needed)*

☐ For another reason. *(Please specify):*

Request for Intermittent or Reduced-Schedule Leave

☐ I request intermittent leave or reduced-schedule leave at the following times:

Schedule: _____

Reason: _____

Substation of Paid Leave

I request to use: ☐ Vacation ☐ Sick ☐ Extended Sick ☐ Floating Holiday

Location During Leave

I can be reached at the following address and phone number during my leave:

_____

_____ _____

Employee Signature Date Director of People & Culture Signature Date