



Leave of absence request

FMLA Leave or ASU Leave

Classified employees, University staff, Non-faculty administrators

Form Instructions: Sections 1 and 2 must be completed prior to submission.

Section I: Employee Information

Employee Name:	Employee 10-digit ID Number:
Department Name:	Supervisor Name:

Section II Leave Request

Leave Type (select one)	Leave Dates (complete all)	Leave Duration (select one)
<input type="checkbox"/> FMLA Leave <input type="checkbox"/> ASU Leave	Leave Begin: Last Day Worked: Return to Work Date:	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent

Leave Reason (select one)

Employee Medical Leave

Family Member Leave (select one):

- Family Member Health
- Military Family Member Health
- Military Family Business

Name of family member: _____ Relationship: _____

Parental (select one):

- Birth/Bonding. Anticipated date of birth: _____
- Placement/Bonding for Adoption. Placement date: _____
- Placement/Bonding for Foster Care. Placement date: _____

Requesting paid parental leave benefits? Yes No

Parent Relationship: Mother Father Other: _____

Employee Personal Leave (non-medical)

Employee Signature:

Date:

I understand that if I do not return from my leave of absence at the expiration of this leave, unless prior written approval of an extension has been obtained, my employment may be terminated per the terms of [SPP 1011](#) or [ACD 707](#).

Questions? Call 855-278-5081 or email HRESC@asu.edu

Section III: For completion by Human Resources Benefits

Pay Status	<input type="checkbox"/> Paid <input type="checkbox"/> Unpaid	Accrual balances: Attach copy accrual balance information
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Leave Status Change

Effective Date:	<input type="checkbox"/> Paid to Unpaid <input type="checkbox"/> Unpaid to Paid	<input type="checkbox"/> FMLA to ASU Leave <input type="checkbox"/> ASU Leave to FMLA	<input type="checkbox"/> Continuous to Intermittent <input type="checkbox"/> Intermittent to Continuous	<input type="checkbox"/> Return to work
Effective Date:	<input type="checkbox"/> Paid to Unpaid <input type="checkbox"/> Unpaid to Paid	<input type="checkbox"/> FMLA to ASU Leave <input type="checkbox"/> ASU Leave to FMLA	<input type="checkbox"/> Continuous to Intermittent <input type="checkbox"/> Intermittent to Continuous	<input type="checkbox"/> Return to work

Comment(s)