

Diocese of Gary Request for Leave of Absence

I, _____, am requesting a Leave of Absence from work
Employee Name - Print
to begin _____ and to end _____ .
Date Date

I understand that this request may or may not be granted in accordance to state, federal and diocesan policy. I also understand that I may be required to pay insurance premiums while away from work in accordance with policy.

I would like to apply for the following type of leave (check one):

- Family Medical Leave Act (FMLA - max up to 12 weeks)
- Personal Leave of Absence (max 30days)
- Medical Leave of Absence(max 30 days)
- Military Leave of Absence
- Other _____

All leaves of absence must be approved in advance by a direct Supervisor. Failure to return from a Leave of Absence on the agreed upon date without an approved extension will result in termination for job abandonment.

I understand that additional documentation will be required prior to a decision being rendered. Finally, I understand that there are qualifications for each type of leave outlined in the Diocese of Gary Personnel Policy Handbook, which has been made available to me.

Signature of Employee

Date