

**REQUEST FOR LEAVE OF ABSENCE**  
**COUNTY OF MONMOUTH**  
Please fax all documentation to the Benefits Office 732-866-3582



**1. Employee Statement**

Name: \_\_\_\_\_ Department: \_\_\_\_\_ ID#: \_\_\_\_\_

I am requesting a  leave of absence  leave extension beginning \_\_\_\_\_ (date) and ending \_\_\_\_\_ (date) for:

- My own medical condition
- Care of an immediate family member
- Other (specify): \_\_\_\_\_

Documentation attached:  Yes  No

**\*Medically related absences must include documentation from the medical provider.**

**\* All other leave of absence requests must include supporting documentation.**

The leave must include the use of any accrued vacation and sick leave time, regardless of the length of leave requested. The portion of the leave that runs beyond the exhaustion of vacation and sick leave will be **unpaid** and not count toward seniority credit.

**MY SIGNATURE CERTIFIES THE INFORMATION ON THIS FORM AND SUPPORTING DOCUMENTATION IS TRUE AND CORRECT**

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**2. Human Resources Department Statement (to be completed BEFORE departmental approval)**

The above employee does meet the criteria for an FMLA qualifying event, however, does not qualify for FMLA:

Documentation Received  Other: \_\_\_\_\_

Discretionary Leave used to Date: \_\_\_\_\_

Last Day Worked: \_\_\_\_\_

First Day of FMLA: \_\_\_\_\_ Last Day of FMLA: \_\_\_\_\_

Tentative Return to work date (if available): \_\_\_\_\_

Pending Discipline:  Yes  No Other: \_\_\_\_\_

Approved  Denied: \_\_\_\_\_

Human Resources Department Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you have any questions or concerns regarding the need for this leave request, please contact the Leave Unit in the Benefits Department at extension 7737.

**3. Department Statement**

Department Head review:  Approved  Denied: \_\_\_\_\_ (reason)

Department Head Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Required use of paid leave:

Accrued Vacation days \_\_\_\_\_ Hours available – list days: \_\_\_\_\_

Accrued Personal days \_\_\_\_\_ Hours available – list days: \_\_\_\_\_

Accrued Sick days \_\_\_\_\_ Hours available – list days: \_\_\_\_\_

Leave of absence with pay approved from \_\_\_\_\_ (date) to \_\_\_\_\_ (date)

Leave of absence without pay approved from \_\_\_\_\_ (date) to \_\_\_\_\_ (date)