

Request for Leave or Approved Absence

1. Name (Last, first, middle)			2. Military ID number:			
3. Commanding Officer						
4. Type of Leave/Absence <i>(Check appropriate box(es) below)</i>	Date		Time		Total Hours	5. Family and Medical Leave
<input type="checkbox"/> Accrued Annual Leave						If annual leave, sick leave, or leave without pay will be used under the Family and Medical Leave Act please provide the following information: <input type="checkbox"/> I hereby invoke my entitlement to Family and Medical Leave for: <input type="checkbox"/> Birth/Adoption/Foster Care Serious health condition of spouse, son, daughter, or parent <input type="checkbox"/> Serious health condition of self <i>Contact your supervisor and/or your personnel office to obtain additional information about your entitlements and responsibilities under the Family and Medical Leave Act. Medical certification of a serious health condition may be required by your agency.</i>
<input type="checkbox"/> Restored Annual Leave						
<input type="checkbox"/> Advanced Annual Leave						
<input type="checkbox"/> Accrued Sick Leave						
<input type="checkbox"/> Advanced Sick Leave						
Purpose: <input type="checkbox"/> Illness/injury/incapacitation of requesting employee <input type="checkbox"/> Medical/dental/optical examination of requesting employee <input type="checkbox"/> Care of family member, including medical/dental/optical examination of family member, or bereavement <input type="checkbox"/> Care of family member with a serious health condition <input type="checkbox"/> Other						
<input type="checkbox"/> Compensatory Time Off						
<input type="checkbox"/> Other Paid Absence <i>(Specify in Remarks)</i>						
<input type="checkbox"/> Leave Without Pay						
6. Remarks:						
7. Certification: I hereby request leave/approved absence from duty as indicated above and certify that such leave/absence is requested for the purpose(s) indicated. I understand that I must comply with my employing agency's procedures for requesting leave/approved absence (and provide additional documentation, including medical certification, if required) and that falsification on this form may be grounds for disciplinary action, including removal.						
7a. Service Member Signature				7b. Date		
8a. Official Action on Request: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <i>(If disapproved, give reason. If annual leave, initiate action to reschedule.)</i>						
8b. Reason for Disapproval:						
8c. Commanding Officer Signature				8d. Date		