

**Stonehill College
Leave of Absence Request Form**

Employee Name: _____

Type of Leave:

Maternity Leave () – Maximum 8 weeks

Medical Leave ()

Military Leave ()

Personal Leave () – Requires approval by supervisor

Family and Medical Leave ()

Birth/care of a newborn child

Placement of a child with your for adoption /foster care

Serious health condition of employee ()

Serious health condition of Parent (), spouse (), child (), legal dependent ()

Continuous leave ()

Reduced Schedule Leave ()

Intermittent Leave ()

Anticipated State date of Leave: _____ (should be 30 days prior to leave if possible)

Anticipated Return date: _____ (a minimum of 5 days notice to HR is required)

Medical documentation is required for Medical Leaves and FMLA leaves.

Maternity leaves beyond 8 weeks require medical documentation (Federal FMLA form)

Employees returning from any medical leave must submit medical documentation to Human Resources prior to returning to work.

Employee Signature/Date: _____

Human Resources Director/Date: _____