SAINT FRANCIS UNIVERSITY APPLICATION FOR LEAVE OF ABSENCE

Name			
Position		Date of Hire	
Type of Leave I	Requested:		
	☐ Medical		
	☐ Family		
	Personal (please ex	plain)	
Anticipated Per	iod of Time Requested	:	
From	to	☐ Interm	ittent
Staff and 12 moleave (Anticipat	• •	Amount of earned sick	or vacation days to be used during
icave (minerpar	Sick leave	hours	days
	Vacation leave	hours	
	Leave without Pay		days
prior to the date must be appropriately guidelines. Least is submitted, an	the leave is to begin, powed by the Director of aves of absences may be different the extension is approximately approximately as the extension is approximately as the extensio	providing this notice is providing this notice is provided the function of the following the provided the pro	vee's supervisor at least 30 days possible. All FMLA requests accordance with the FMLA weeks, providing a written request administration. Personal leaves will took.
Signature of En	nployee	Date	
Approved:			
Supervisor/Department Director		Date	
	of leave in accordance MLA leave requests o	_	of the Family and Medical Leave
Director of Hun	nan Resources	Date	