Request for Leave or Approved Absence

1. Name *(Last, first, middle)*

2. Organization

3. **Type of Leave/Absence**

Check appropriate box(es) and enter date(s) and time(s) below:	Date From	Date To	Time From	Time To	Total Hours
☐ Accrued annual leave					
☐ Accrued sick leave					
☐ Paid Parental leave					

Purpose:

- ☐ Illness/injury/incapacitation of requesting employee
- ☐ Medical/dental/optical examination of requesting employee
- ☐ Care of family member, including medical/dental/optical examination of family member, or bereavement
- ☐ Care of family member with a serious health condition

☐ Disabled Veteran Leave					

☐ **I am self certifying that this medical leave qualifies under the Disabled Veteran Leave Act. (*Applies to Veterans with a 30% or more* disability, who were hired on or after November 5, 2016)**

☐ Compensatory time off					
☐ Other paid absence ***(specify in remarks)***					
☐ Leave without pay					

5. Remarks

4. Family and Medical Leave

If LWOP will be used under the Family and Medical Leave Act of 1993 (FMLA), please provide the following information

☐ I hereby invoke my entitlement to use family and medical leave for:

- ☐ Birth/Adoption/Foster Care
- ☐ Serious health condition of spouse, son, daughter or parents
- ☐ Serious health condition of self

Contact your supervisor and/or your HR office to obtain additional information about your entitlements and responsibilities under the FMLA. Medical certification, including duration shall be attached.

4a. Paid Parental Leave Act

☐ I hereby invoke my entitlement to use paid parental leave in lieu of FMLA for :

- ☐ Birth/Adoption/Foster Care

6. **Certification:** I certify that the leave/absence requested above is for the purpose(s) indicated. I understand that I must comply with my employing office's procedures for requesting leave/absence (and provide additional documentation, including medical certification, if required) and that falsification of information on this form may be grounds for disciplinary action, up to and including removal.

7a. Employee Signature

7b. Date Signed

8a. Official Action on Request ☐ Approved ☐ Disapproved

8b. Manager Signature

8c. Date Signed

Privacy Act Statement

Section 6311 of title 5, United States Code, authorizes collection of this information. The primary use of this information is by management and your payroll office to approve and record your use of leave. Additional disclosures of the information may be: To the Department of Labor when processing a claim for compensation regarding a job connected injury or illness; to a State unemployment compensation office regarding a claim; to Federal Life Insurance or Health Benefits carriers regarding a claim; to a Federal, State, or local law enforcement agency when your agency becomes aware of a violation or possible violation of civil or criminal law; to a Federal agency when conducting an investigation for employment or security reasons; to the Office of Personnel Management or the General Accounting Office when the information is required for evaluation of leave administration; or the General Services Administration in connection with its responsibilities for records management.

Public Law 104-134 (April 26, 1996) requires that any person doing business with the Federal Government furnish a social security number or tax identification number. This is an amendment to title 31, Section 7701. Furnishing the social security number, as well as other data, is voluntary, but failure to do so may delay or prevent action on the application. If your agency uses the information furnished on this form for purposes other than those indicated above, it may provide you with an additional statement reflecting those purposes.