



**STAFF REQUEST FOR LEAVE OF ABSENCE OR INTERMITTENT LEAVE**

Instructions: Please complete all applicable sections, sign, date and return form to your supervisor.

**Your information**

\_\_\_\_\_  
Your Name Title BUID#  
\_\_\_\_\_  
Unit/Department Phone: Office Home  
\_\_\_\_\_  
Home Address - Please include Street, City, State, and Zip Code

**Reason for your request for Leave**

- The birth of a child, or placement of a child with you for adoption or foster care
- Your own serious health condition
- You are needed to care for your  spouse;  son or daughter;  parent due to his/her serious health condition
- A qualifying exigency arising out of the fact that your  spouse;  son or daughter;  parent is on, or has been notified of an impending call to, covered active duty in the Armed Forces.
- You are the  spouse;  son or daughter;  parent;  next of kin of a covered service member with a serious injury or illness
- Military Leave - You have been called to active duty for a period beyond fifteen (15) calendar days
- Personal Leave of Absence (non-medical) Reason: \_\_\_\_\_

**Period of Your Leave** I expect to be away from work for the following dates/work days:

For continuous leave: Beginning On: \_\_\_\_\_ Ending On: \_\_\_\_\_  
 Intermittent or Reduced Schedule Leave on the following dates: \_\_\_\_\_

**Additional Information** (optional)

\_\_\_\_\_  
\_\_\_\_\_

● **ALL LEAVE REQUESTS ARE SUBJECT TO REVIEW AND APPROVAL BY HUMAN RESOURCES.**

● **YOU WILL BE INFORMED WHETHER YOUR LEAVE WILL BE DESIGNATED AS FMLA LEAVE AND COUNTED AGAINST YOUR FMLA LEAVE ENTITLEMENT.**

● **BU POLICIES REGARDING APPLICATION OF SICK AND VACATION LEAVE TO VARIOUS TYPES OF LEAVE CAN BE FOUND AT [www.bu.edu/hr](http://www.bu.edu/hr)**

**Signatures:**

\_\_\_\_\_  
Employee's Signature Date

I hereby acknowledge receipt of this leave request.

\_\_\_\_\_  
Supervisor's Signature Date