



VAN WERT HEALTH REQUEST FOR PERSONAL LEAVE OF ABSENCE
Reference Leaves of Absence Policy

Employee Name _____ Dept _____

Please check one: ___ Ineligible for FMLA ___ Exhausted FMLA
___ Extended Maternity Time Off ___ Other

Date Beginning _____ Date Ending _____

Explanation for request and terms of Personal Leave: _____

Employee Signature _____ Date _____

___ Approved ___ Denied, Provide Explanation:

Supervisor Signature _____ Date _____
(Supervisor obtains Administrative approval before forwarding form to HR)

Administration _____ Date _____

Human Resources _____ Date _____