



### Leave Request Form

Please use this form to request any extended personal or sick leave. This includes Family Medical Leave Act (FMLA) eligible time. Once complete, please discuss with your current supervisor and return to Human Resources ([mnelson@coreoccupational.com](mailto:mnelson@coreoccupational.com) or fax 225-456-2300).

#### Employee Information:

Employee Name: \_\_\_\_\_ Division: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Status(FT/PT): \_\_\_\_\_

Hire Date: \_\_\_\_\_ Supervisor: \_\_\_\_\_

#### Leave Information:

What type of Leave are you requesting?

FMLA (up to 12 continuous weeks): \_\_\_\_\_ Intermittent FMLA (12 calendar months): \_\_\_\_\_

Military Leave: \_\_\_\_\_ Personal Leave Self: \_\_\_\_\_ Personal Leave Family: \_\_\_\_\_

Leave Start Date: (estimated): \_\_\_\_\_ Leave End Date (Estimated): \_\_\_\_\_

Reason for Leave: \_\_\_\_\_

\_\_\_\_\_

#### What Happens Next?

Human Resources will review your request and send the appropriate paperwork to you and your supervisor in accordance with applicable law. You will then have 15 days from the date you receive the leave documents to return them to Human Resources. If you have any questions or concerns, please contact Human Resources at 225-456-2243 or by email at [mnelson@coreoccupational.com](mailto:mnelson@coreoccupational.com).