

Syracuse University

Human Resources

LEAVE REQUEST

Return the completed form to:

HR Service Center
Skytop Office Building
Syracuse, NY 13244-1200
Phone: 315.443.4042
Fax: 315.443.1063
hrservice@syr.edu

Employee Name _____ SUID# _____

Bargaining Unit Employee? Yes No

The information below will enable our office to determine the type of leave for which you qualify. If it is determined you are eligible for Family/Medical Leave, you will receive further information from the office of Equal Opportunity outlining your rights and benefits under the Family/Medical Leave Act.

Date Leave Begins _____ Date of Expected Return _____

Type of Leave (explain below):

- | | |
|--|--|
| <input type="checkbox"/> Medical (for your own illness/injury) | <input type="checkbox"/> Military |
| <input type="checkbox"/> Family (indicate relationship) _____ | <input type="checkbox"/> Public Service |
| <input type="checkbox"/> Personal/Educational | <input type="checkbox"/> Administrative (faculty only) |

Provide additional information in this section that will assist Human Resources in approving and classifying your leave request. For example, if you checked "Family", indicate the reason, i.e. relative's illness, childcare, etc. *The box will expand automatically.*

Employee Signature _____ Date _____

Department Approval _____ Date _____

Dean/Director Approval _____ Date _____

HR Approval _____ Date _____

Notes: