



BROWARD CHILDREN'S CENTER
REQUEST FOR LEAVE OF ABSENCE

DATE: _____

EMPLOYEE: _____ **DEPARTMENT:** _____

SUPERVISOR: _____

NOTE: You are encouraged to read and become familiar with our Leave of Absence policies and to make appropriate inquiries regarding any terms or conditions that you may not fully understand. Such inquiries may be directed to your supervisor, or the Human Resources Department. Moreover, you are responsible for complying with the requirements for the leave requested, including verification and certification requirements.

DURATION OF LEAVE

Anticipated Start Date: _____ **Anticipated Ending Date:** _____

TYPE OF LEAVE REQUESTED

- Sick leave (medical certification may be required)
- Family & Medical leave (medical certification may be required)
 - Birth & care of newborn child
 - Placement of a child for adoption or foster care
 - Care of a seriously-ill child, spouse or parent
 - Employee's own serious health condition
- Military leave (attach verification)
- Bereavement leave, death of _____ on _____
- Jury Duty (attach copy of Jury Summons)
- Personal leave (verification may be required)
- Other _____

PLEASE PROVIDE A DETAILED EXPLANATION OF THE REASON(S) FOR YOUR LEAVE:

Employee's Signature: _____ **Date:** _____