



## Request For a Leave of Absence

### A. Personal Information

Name:	Program/Department:	Employee ID#:	Date:
Original Hire Date:		Rehire Date:	

### B. Request For

Leave of Absence  
 Intermittent Leave / Reduced Schedule  
 Extension of Leave of Absence

Explain:

### C. Reason For Leave Request

<input type="checkbox"/> Personal	<input type="checkbox"/> Military *
<input type="checkbox"/> Newborn (Baby Bonding) *	<input type="checkbox"/> Jury Duty/Witness Duty *
<input type="checkbox"/> Adoption, Foster Care *	<input type="checkbox"/> Bereavement

\* Documentation required

### D. Duration of Leave

Begin Date:	End Date:
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Leave Explanation (Attach additional documentation as necessary):

### E. Employee Request

I understand that a leave of absence is normally unpaid. However, paid leave, including accrued sick, vacation or personal time shall be substituted for all or a portion of the unpaid leave in accordance with appropriate policy. If I am not eligible for a FML/CFRA (newborn) leave, I understand that the Getty does not guarantee reinstatement from a Personal Leave.

I understand my continued obligation to pay my share of required medical premiums in a timely manner during the leave, and that the Trust is authorized to recover health care premiums paid by the Trust on my behalf if I do not return from leave under certain conditions.

I have read and understand the Trust Leave of Absence Policy in the Getty Staff handbook.

Employee Signature	Date
Supervisor Signature	Date

### F. Trust Human Resources Action

*Designation:*

FML/CFRA  
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HR Specialist Signature	Date