

JAMESTOWN COMMUNITY COLLEGE

APPLICATION FOR LEAVE

Name _____
Address _____
City _____ State _____ Zip _____
Department or Division _____

I hereby request a leave of absence for the following reason:

_____ Birth of a child, and to care for the newborn child.

Name of child (if known) _____

Date of Birth (anticipated) _____

_____ Placement of a child for adoption or foster care.

Name of child (if known) _____

Date of Placement (anticipated) _____

_____ To care for my spouse, son, daughter, mother, or father with a serious health condition.

Name of family member _____

Relationship _____

_____ Due to my own serious health condition that makes me unable to perform the functions of my job.

Leave is requested from _____ to _____ for _____ weeks.
(date) (date)

Employee's signature Date

Supervisor's signature Date

HR Director's signature Date