



STAFF REQUEST FOR LEAVE OF ABSENCE OR INTERMITTENT LEAVE

Instructions: Please complete all applicable sections, sign, date and **return form to Human Resources.**

Your information

_____	_____	_____
Name	Title	BUID#
_____	_____	_____
Unit/Department	Personal Phone	Personal Email
_____	_____	_____
Home Address - Please include Street,	City,	State, Zip Code

Reason for your request for Leave

- The birth of a child, or placement of a child with you for adoption or foster care
 - Your own serious health condition
 - You are needed to care for your spouse; son or daughter; parent due to his/her serious health condition
 - A qualifying exigency arising out of the fact that your spouse; son or daughter; parent is on, or has been notified of an impending call to, covered active duty in the Armed Forces.
 - You are the spouse; son or daughter; parent; next of kin of a covered service member with a serious injury or illness
 - Military Leave - You have been called to active duty for a period beyond fifteen (15) calendar days
 - Domestic Violence Leave
 - Personal Leave of Absence (non-medical) Reason: _____
- _____
- _____

Period of Your Leave I expect to be away from work for the following dates/work days:

- For continuous leave: Beginning On: _____ Ending On: _____
- Intermittent or Reduced Schedule Leave on the following dates: _____

●ALL LEAVE REQUESTS ARE SUBJECT TO REVIEW AND APPROVAL BY HUMAN RESOURCES.

●YOU WILL BE INFORMED WHETHER YOUR LEAVE WILL BE DESIGNATED AS FMLA LEAVE AND COUNTED AGAINST YOUR FMLA LEAVE ENTITLEMENT.

●BU POLICIES REGARDING APPLICATION OF SICK AND VACATION LEAVE TO VARIOUS TYPES OF LEAVE CAN BE FOUND AT www.bu.edu/hr

Signatures:

_____	_____
Employee's Signature	Date

Return to: Charles River Campus:	Human Resources, 25 Buick Street, Boston, MA 02215
Medical Campus:	Human Resources, 801 Massachusetts Avenue, Suite 400, Boston, MA 02118

Or email to leaves@bu.edu
Contact the HRSC with any questions at 617-353-2380