



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