

## Application for Leave of Absence

### 1. Employee Information

Last Name:	First Name:	MI:	EE#:
Department Name:		Manager Name:	
Home Address:		City:	State:
Home Email:		Home Phone:	
Work Email:		Work Phone:	

### 2. Reason for Leave of Absence: *This Application Form can be used for any type of leave as listed below.*

#### A. Medical Condition for:

- Self
- Spouse
- Child (Date of birth: \_\_\_\_\_)
- Parent
- Other: Relationship: \_\_\_\_\_

Name of person if leave if not for yourself\*: Last: \_\_\_\_\_ First: \_\_\_\_\_

*o If leave is for yourself and you are assigned to .5 fte status or greater, you may be eligible for disability benefits. Contact GSI Benefits at 877.737.0032 for more information.*

#### B. Birth of a Child or Placement of a Child for Adoption or Foster Care

- Birth                       Due Date: \_\_\_\_\_                       Birth Date: \_\_\_\_\_
- Adoption                      Placement Date: \_\_\_\_\_
- Foster Care                      Placement Date: \_\_\_\_\_

#### C. Military

- Your deployment to active duty
- Your active duty/reservist training

#### D. Family Military

- Deployment of family member to foreign country
- Care for ill/injured service member or veteran

If leave for deployment of family member or care for ill/injured service member/veteran, check below for whom the leave is being requested:

- Spouse
- Child
- Parent
- Next of Kin: Relationship: \_\_\_\_\_
- Other: Relationship: \_\_\_\_\_

Name of person if leave is not for yourself\*: Last: \_\_\_\_\_ First: \_\_\_\_\_

*o If for your or family member's deployment to active duty, fax copy of this request and official military orders to 312.227.9448*  
*o If for care of injured/ill service member/veteran, you will be provided with certification documentation to complete and return to 312.227.9448*

#### E. Victim of Domestic or Sexual Violence

- Self
- Spouse
- Civil Union Partner
- Child (Date of birth: \_\_\_\_\_)
- Household Member: Relationship: \_\_\_\_\_
- Other: Relationship: \_\_\_\_\_

Name of person if leave if not for yourself\*: Last: \_\_\_\_\_ First: \_\_\_\_\_

*o If leave is also for your own medical condition as a result of this event, and you are assigned to .5 fte status or greater, you may be eligible for disability benefits. Contact GSI Benefits at 877.737.0032 for more information.*

*\* You may be requested to provide documentation to validate the relationship of the person for whom you are requesting your leave of absence.*

**F. Personal Non-Medical (review and final approval from your Manager/Director)**

Explain reason for personal leave: \_\_\_\_\_  
\_\_\_\_\_

**G. Extension of Previously Approved Leave of Absence**

Dates of previously approved leave of absence: Begin date: \_\_\_\_\_ Expected return date: \_\_\_\_\_

Reason for extension: \_\_\_\_\_  
\_\_\_\_\_

**3. Leave Period Timeframe**

**If Continuous:** Begin date: \_\_\_\_\_ Expected return date: \_\_\_\_\_

**Other: Explain:** If leave is requested on an **intermittent or reduced work schedule basis**, be specific as to the amount of leave you are requesting. For example, leave is needed 1-2 times per month in increments of 1-2 days in duration, or a reduced work schedule of 3 days per week is requested.

**Next Steps**

- Return completed form and accompanying documentation to:
  - Employee Absence & Disability Coordinator, Employee Health Services, Box #281, or fax to 312-227-9448.
- Your request will be reviewed and responded to by the Employee Absence & Disability Coordinator, Employee Health Services.
- Personal (non-medical) Leave requests will be shared with Manager/Director for review and final approval.
- You and your manager will be provided with:
  - A notification of approval or denial of your request for leave, or
  - If the leave is for an FMLA-qualifying event or Non-FMLA Medical event, an initial eligibility notice and details about any additional certification documentation required in order to provide you with final Designation Notice regarding the status of your leave of absence.
    - Within 15 days of your receipt of a request for a certification, you will be required to have the certification documentation completed and returned.
    - Once we have completed documentation, we will send you a Designation Notice of the status of your leave of absence along with any other applicable information related to your leave of absence.

**Leave of Absence Classifications:**

(Refer to the related policies for eligibility requirements, leave timeframes, job protection provisions, other leave provisions, etc.)

- **Family and Medical Leave Act (“FMLA”) Leave of Absence**
  - Serious health condition for yourself or a parent, child, or spouse
  - Birth of a child or placement of a child for adoption or foster care with you
  - Military caregiver leave
  - Qualifying exigency leave
- **Military Leave of Absence**
  - Employee deployment to active duty
  - Employee active duty/reservist training
- **VESSA Leave of Absence** (Victims’ Economic Security & Safety Act - Illinois)
  - Victim of domestic or sexual violence (yourself or a covered family or household member)
- **Personal Leave and Non-FMLA Medical Leave of Absence**
  - Personal Leave (non-FMLA)
  - Non-FMLA Medical Leave

**NOTE:** FMLA , Military, and VESSA leaves are job protected. Personal Leaves and Non-FMLA Medical Leaves are generally not job protected, which means that the Hospital reserves the right to fill, eliminate or change your position. When you are released to return to work, you may apply for any open position for which you are qualified if one is available. In accordance with applicable law, job protected Non-FMLA Medical Leaves will be considered on a case-by-case basis for persons with disabilities. You must fill out a Request for Accommodation Form in order to be approved for job protected Non-FMLA Medical leave.

(12/2013)