Leave of Absence Request Form

Employee Information

HR Approved	

Last Name	First Name	J#	Home Phone #
Mailing Address	City	State / Zip Code	Work Phone #
Email Address	Supervisor's Name		Department's Title

Leave Information

Leave Start Date / /	Leave End Date / /

Apply for FML

Select One

☐ New Leave

Select one: Intermittent FML?

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Apply for On-The-Job (OJI) Wage Replacement Benefits

I understand that beginning with the fifth calendar day following the day of the incident the On-The-Job Injury Program will pay 66 2/3% of my regular rate of pay for time/wages lost as a result of an on-the-job injury and that this benefit is subject to all normal deductions (such as federal and state tax). I can supplement this reduced rate of pay with my accrued sick and vacation hours.

If lost time resulting from an on-the-job injury exceeds two calendar weeks, the employee must apply for a leave of absence (FML, if eligible or Personal Leave) retroactive to the date of the injury. A new form must be submitted. A leave of absence and on-the-job injury leave will run concurrently and will not "stack" one after the other.

Leave of Absence Request Form

How to complete this form:

This form is for University General Division employees. If you are a USA Health employee please complete the PTO Leave of Absence Request form.

Under *Employee Information*, enter your contact information. Do not leave any section blank. Communications will be sent via email. Email address is required.

Under *Leave Information*, answer all questions. Leave start date and end date are required.

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