



## Request for Hardship Leave

Employee name: \_\_\_\_\_

Position: \_\_\_\_\_ Dept: \_\_\_\_\_

I anticipate needing additional leave with pay, beyond my current leave banks, because of a serious illness or injury to:

- \_\_\_\_\_ Self
- \_\_\_\_\_ Spouse
- \_\_\_\_\_ Parent
- \_\_\_\_\_ Parent-in-law
- \_\_\_\_\_ Child
- \_\_\_\_\_ Step Child

Total hours of leave accrued:

Total leave needed for medical emergency:

Total hours of leave donation needed:

Total days of donated leave needed (7.5 hrs./day)

Date Family Medical Leave was requested: \_\_\_\_\_

\_\_\_\_\_  
(Signature of requesting employee)

\_\_\_\_\_  
(Date)