



REQUEST FOR LEAVE FORM

Name: _____

Personal Phone: _____

Personal Email: _____

Date: _____

Type of Leave Requested:

- Military Leave – **Attach Military Notice**
- Jury Duty - **Attach a copy of the Jury Duty Notice. Payment received for Jury Duty is due to the company. Please send a copy of the check(s) to HR. This amount will be deducted from your payroll check. Please see the Handbook for more information on Jury Duty Leave.**
- Bereavement Leave
- Family and Medical Leave Act (FMLA) - ***must have worked at RMR for 12 months to qualify**
- Paternity Leave
- Adoption Leave
- Other

NOTE: If your leave is due to a serious health condition of yourself or a family member, you may be required to submit a completed "Certification of Health Care Provider" form.

Please describe reasons for leave: _____

Date(s) of Leave: _____

Employee Signature: _____ Date: _____

Approved by (Employee's Supervisor): _____ Date: _____