

Woodland Hills Church Leave of Absence Request

Employee Name: _____ Title: _____

Ministry Area: _____ Supervisor: _____

Date: _____ (Request must be made, when feasible, 30+ days prior to start of leave).

Current Work Schedule: _____

LEAVE OF ABSENCE REQUESTED (To be completed by the supervisor as soon as notified by employee)

Leave start: Date: ___/___/___ Expected Return: Date: ___/___/___

Reason for leave:

- Because of the birth of the employee's child.
Expected date of birth: _____ Actual date of birth: _____
(to be filled in by the Benefits Director)
- Because of the placement of a child with the employee for adoption or foster care.
Date of placement: _____
- To care for a child, spouse, or parent (who acted as a parent when the employee was a child) who has a serious health condition.
Date of onset: _____
- The serious health condition of the employee that makes the individual unable to perform the functions of their position.
Date of onset: _____
- For jury duty, witness duty, military leave, personal leave or other. Please specify here:

Refer to the Employee handbook for additional details on various leaves of absence. Employee is to enter their request in the time off system.

Total number of days being requested _____
See the Benefits Director for allocation of your time to record in the time off system.

My signature acknowledges that I have read and understand the policy in the employee handbook and am requesting a leave of absence under that policy.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Return form to the benefits director once it is completed.