

# SCRS-IL

Southern California Resource Services for Independent Living

## Leave of Absence Request

*All leave of Absence Requests must be submitted in written form and are not approved until signed by the Chief Executive Officer as Approved.*

Name of Employee: \_\_\_\_\_

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

Leave to begin on: \_\_\_\_\_

Date to return to work: \_\_\_\_\_

**Type of Leave:**       **Paid**                       **Unpaid**

- Non-FMLA/CFRA Leave due to Medical Condition - Please submit Work Status Report signed by Medical Professional
  - Jury Duty (see Employee Handbook)
  - Witness Leave (see Employee Handbook)
  - Bereavement Leave (see Employee Handbook)
  - Voting Leave (2 hours maximum)
  - Military Leave (see Employee Handbook)
  - Time Off for Military Spouses (see Employee Handbook)
  - Pregnancy Disability Leave (additional documents will be required following this request)
  - Family Temporary Disability Benefit (see Employee Handbook)
  - Drug and Alcohol Rehabilitation Leave
  - Other      Please Specify: \_\_\_\_\_
- (See Employee Handbook for qualifying additional Leave of Absence types)

Brief explanation of reason for leave (do not include confidential information)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Employee Signature** **Date**

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- Leave is Approved**
- Leave is Approved with stipulation** \_\_\_\_\_
- Leave is Denied**

\_\_\_\_\_  
**Chief Executive Officer** **Date**