



Leave of Absence (LOA) Request Form

Human Resources Office

1701 Robie Avenue, Mt Dora, FL 32757 Tel: (352) 735-3142 (Fax): (352) 735-4547

Request form must be completed by employee and submitted to the Human Resources Office no later than 30 days before their leave, if possible.

Application Date _____

Employee First Name: _____ Last Name: _____

Place of Employment: _____ Job Title: _____

Phone #: _____ Email: _____

Requested Leave Starting: _____ Anticipated Return: _____

REASON FOR LEAVE REQUEST (check reason)

- | | |
|---|---|
| <input type="checkbox"/> Adoption of Child | <input type="checkbox"/> Placement of Foster Child |
| <input type="checkbox"/> Birth of Child | <input type="checkbox"/> Military Active Duty |
| <input type="checkbox"/> Serious Health Condition (Self) | <input type="checkbox"/> Military "Qualifying Exigency" |
| <input type="checkbox"/> Serious Health Condition (Spouse, child, parent) | |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Flexible Employment Leave |
| <input type="checkbox"/> Educational | <input type="checkbox"/> Personal: _____ |

TYPE OF LEAVE REQUESTED: Continuous Intermittent

NOTE: All medical LOA will require healthcare provider's certification form completion.

Explanation of type and necessity of leave requested:

Send completed request form to: SEC Human Resources Office.

HR Use Only
Comments: _____
Approved Yes ___ No ___
Denied Yes ___ No ___
Signature _____ Date _____

Notice: For more information on the terms of all Leaves of Absence (LOA) consult your employees working policy manual, Leave of Absence policy # 220.80.