EST. 1983

CARLINO'S

MAKERS & PURVEYORS OF ARTISAN FOOD

EMPLOYEE LEAVE REQUEST FORM

Employee Name:_____ Date:_____

Type of leave Requested:

FAMILY MEDICAL LEAVE (FMLA)

☐ Employee serious health condition

☐ Family member with serious healthcare condition

☐ Care of new born child/placement/adoption/foster care child

☐ Family member on duty or called to active duty status in support of an emergency operation

☐ Family member is a service member with a serious injury or illness

Leave Start Date:_____ Leave End Date:_____

Leave is: ☐ Continuous ☐ Intermittent

PAID TIME OFF ("PTO")

☐ Vacation

☐ Personal Day

☐ Sick day

☐ Other:_____

Dates Requested (Indicate Number of Hours Requested Off):_____

Employee Signature:_____

Supervisor Authorization:_____

Employees who use three consecutive sick days must provide a doctor's note.

This form must be submitted at least thirty (30) days prior to the dates requested, unless the request is due to an unexpected emergency.