



Request for Absence for Service-Connected Disability Leave

Employee's Name (Print last, first, MI)

Employee ID

Date Submitted

Dates of Leave and hours used each day

Total Hours Used:

I am requesting Family and Medical Leave Act (FMLA) for this absences:

☐ Yes, this should count toward my FMLA allotment*

☐ No, this is not be covered under FMLA

* A medical certification form must be submitted and reviewed for approval before FMLA is officially approved.

I understand that the leave authorized in excess of the amount available to me will result in unpaid leave.

Employee's Signature

Date

Signature of Supervisor

Date

This request shall be submitted two weeks in advance to the Human Resources (HR) department.
The HR department is responsible for approving requests for Disabled Veteran Leave by signing the MoCo Form 101 and forwarding to Payroll for processing.