

Small Necessities Leave Act Request Form

Name: _____ Employee ID # _____

Department: _____ Position: _____

Employee Type: Faculty Staff Hire Date: _____

Please complete the applicable section below and forward this application to your Manager/Supervisor/Department Head. In order to be eligible, you must have worked for the college at least 12 months (52 weeks) AND you must have worked 1250 hours during the 12 month period immediately before the date the leave would begin. Eligible employees are entitled to take up to 24 hours of unpaid leave during a 12 month period. See the *Small Necessities Leave Policy* for more details.

I certify that on (date) _____ I will/did take _____ hours of leave for the following reason:

- To participate in school activities directly related to the educational advancement of a son/daughter.
- To accompany a son/daughter to routine medical or dental appointments such as check-ups or vaccinations.
- To accompany an elderly relative to routine medical or dental appointments or appointments for other professional services related to the elder's care.

I understand that by requesting this leave of absence, I am committed to returning to work on the date specified.

Employee Signature: _____ **Date:** _____

Use by Benefits Department Only:

Approved Denied

Emailed copy to Manager