

Leave Request Form

To initiate your leave request, please complete this form and return it to HR Leave Administration per instructions received with the form. Leave Administration will evaluate your request and policies that may provide protected leave status or guide the implementation of pay during your leave of absence. You will be contacted with details about your leave eligibility and required next steps. If your anticipated leave details are not certain, please provide as much detail as you can regarding your anticipated leave of absence, including your best estimates of leave duration.

Personal Information

Name: _____ **Employee ID:** _____

Department Head or Supervisor: _____

If another party handles administrative matters including but not limited to scheduling, payroll, or timekeeping within your department and should be notified of your leave status, please list those parties and their role here:

Ex: *Rebecca Smith, timekeeper* _____

Please provide contact information that we can use to reach you during your leave of absence.

Email: _____ **Phone:** _____

Leave Details

Anticipated Date Leave will Begin: _____

Anticipated Date of Return from Leave: _____

This leave is anticipated to be (check all that apply):

_____ **Continuous** – full absence for three or more consecutive work days; not actively working

_____ **Intermittent** – actively working but taking absence as needed *and*
as indicated to be medically necessary by a healthcare provider

Reason for this leave request (check all that apply):

_____ The birth of a child or placement with you for foster care or adoption

If you checked the above reason: do you have a spouse also employed by Tufts University?

_____ No

_____ Yes, Spouse's Name and Employee ID _____

_____ My own serious health condition

- _____ My need to care for a family member due to their serious health condition
Relationship of family member to employee _____
- _____ Because of a qualifying exigency due to family member being called to Active Military Service.
Relationship of family member to employee _____
- _____ Because of serious illness or injury of a covered Military Service Member.
Relationship of family member to employee _____
- _____ Other – provide a brief description below. Please do not include confidential medical details.

Have you been approved for any type of continuous or intermittent leave from the University in the last 12 months? If so, please indicate type of leave and dates below.

Depending on the type of leave requested, additional information may be required to determine eligibility. HR Leave Administration will follow up shortly with next steps.

If you received this form from Leaves@tufts.edu or TSS@tufts.edu, please return the completed form via direct reply to that email.

Otherwise, completed request forms may be submitted via:

- Email: Leaves@tufts.edu (Preferred)
- Fax: (617) 627-0695
- Mail: HR Leave Administration
200 Boston Ave - Suite 1600
Medford, Massachusetts 02155