



To request a leave of absence, please provide the information below to Human Resources Leave Administration. Human Resources will contact you with next steps required for leave approval.

Personal Information

Name: _____ Employee ID: _____

Department Head or Manager: _____

Timekeeper: _____

Preferred contact information to reach you during your leave of absence:

Email: _____

Phone: _____

Leave Request

Reason for Leave

_____ **My own health (serious illness or injury)**

_____ **Birth, adoption, or foster placement of child(ren)**

Number of children expected: _____

_____ **Care for a family member due to their serious illness or injury**

Relationship of family member to employee: _____

_____ **A qualifying exigency due to family member being called to Active Military Service**

Relationship of family member to employee: _____

_____ **Care for a covered Military Service Member due to their serious illness or injury**

Relationship of family member to employee: _____

_____ **Other – please describe briefly:**

Leave Schedule and Type

If leave schedule is not definite, please provide your best estimates.

Expected Start Date: _____ **Expected Return Date:** _____

This leave will be taken (check all that apply):

_____ **Continuously** – full absence for three or more consecutive work days; not eligible to work

_____ **Intermittently** – working, but absent as needed due to medical necessity or prearrangement

Please return this form by one of the following methods:

Email: Leaves@tufts.edu • Fax: 617.627.0695 • Drop-off: TSS Locations at Boston, Grafton, Medford

Questions? Call TSS at 617.627.7000