 **Other Leave Request Form**

This form is used to request leave other than Paid Time Off (PTO).

Please complete the form and submit with any required documentation to your supervisor as soon as possible. Once the supervisor reviews and approves, the form and any required documentation should be submitted to Human Resources for review and final approval ([hr@iris.edu)](mailto:hr@iris.edu)).

|  |  |
| --- | --- |
| Employee Name: | Request Date: |
| Leave Dates Requested:       to | Supervisor’s Name: |

**Please complete the chart below. Indicate type of leave taken with an (X):**

|  |  |  |  |
| --- | --- | --- | --- |
| Leave  Taken | Leave  Type | Additional Info | Documentation & Other Info |
|  | **Bereavement**  (list family member in Additional Info) | **Family Member:**  **Date of Death:** | Up to 5 days of paid leave are available for the passing of an immediate family member. Immediate family member is defined as spouse, domestic partner,  child, stepchild, parent, stepparent, sibling, stepsibling, grandparent, grandchild, aunt,  uncle, niece, nephew, mother-in-law, father-in-law, son-in-law, daughter-in-law, brother-in-  law, sister-in-law or any other relation required by applicable law. IRIS may require verification of death. |
|  | **Birth/Adoption/Guardianship of Child** | **Child’s Name:**  **Date of Birth/Adoption/Guardianship:** | Up to 20 days of paid leave within 90 calendar days following event. Child must reside in employee’s immediate household. IRIS may require verification of birth/adoption/guardianship/legal custody. |
|  | **Jury Duty** |  | Attach a copy of your jury summons; Any paid leave will be consistent with state regulations. |
|  | **Military** |  | Attach a copy of your military orders for the leave period |
|  | **CA Only: Bone Marrow** |  | If no PTO available, Up to 5 days of paid leave for procedure. Documentation required. |
|  | **CA Only: Organ Donation** |  | If no PTO available, Up to 30 days of paid leave for procedure. Documentation required. |
|  | **Other Leave without Pay** | **Type:** **Blood Donor**  **Bone Marrow**  **Domestic Abuse**  **Family Military**  **Parental/Small Necessities**  **Pregnancy Disability**  **Witness**  **Other** | Describe need for absence from work (attach additional sheet, if needed): |
|  | **MLFC/Family Leave/DC FMLA/Extended Sick Leave** |  | Additional paperwork required; See HR or contact ADP: 800.554.1802  See Employee Handbook for Leave Definitions. |

**Approvals:**

|  |  |
| --- | --- |
| Employee Signature: | Date: |
| Supervisor Signature: | Date: |
| Human Resources Signature: | Date: |
| Location/For HR Use Only: Headquarters DMC AOC Other: | |