

**East Missouri Action Agency, Inc.**  
**"An Equal Opportunity/Affirmative Action Employer"**  
**Request for Leave**

To be completed by employee:

Name: \_\_\_\_\_ Location: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Program: \_\_\_\_\_

I hereby apply for: \_\_\_\_\_ hour(s) Banked Time \_\_\_\_\_ hour(s) Bereavement Leave \_\_\_\_\_ hour(s) ETO  
\_\_\_\_\_ hour(s) Sick Leave \_\_\_\_\_ hour(s) Personal Leave

Starting \_\_\_\_\_ and ending \_\_\_\_\_  
(Date) (Time) (Date) (Time)

Records indicate employee has \_\_\_\_\_ hours/days of (circle one) ETO / banked time / sick leave /  
personal days available as of \_\_\_\_\_ (date).

I hereby apply for:

\_\_\_\_\_ days of bereavement leave for (relationship): \_\_\_\_\_

\_\_\_\_\_ hour(s) leave without pay (All available ETO and banked leave time MUST be exhausted before  
employee can begin utilizing leave without pay.)

\_\_\_\_\_ hour(s) leave under Family Medical Leave Act (FMLA)

\_\_\_\_\_ Short-term Disability (MUST attach copy of doctor's statement. Second opinion may be required at  
EMAA's discretion.) Expected duration: \_\_\_\_\_ weeks.

***Reasons for requesting bereavement, leave without pay, Family Medical Leave Act (FMLA) or Short-term Disability.  
(NOTE: This section must be completed with both the Department Head's and Executive Director's signatures before  
any of these four (4) types of leave will be approved.):***

Employee's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To be completed by Human Resources Coordinator (initial here \_\_\_\_\_).**

Records indicate employee has \_\_\_\_\_ hours FMLA available as of \_\_\_\_\_.

Approved \_\_\_\_\_ Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Disapproved \_\_\_\_\_

Department Head's Signature \_\_\_\_\_ Date \_\_\_\_\_

Executive Director's Signature \_\_\_\_\_ Date \_\_\_\_\_

(Required before bereavement, leave without pay, FMLA, or Short-term Disability can be approved or payment made.)

