

**SARATOGA COUNTY MAPLEWOOD MANOR
REQUEST FOR MEDICAL LEAVE OF ABSENCE**

Section I (to be filled out by employee):

NAME: _____ DEPT: _____

I have been employed at Maplewood Manor since _____ as a _____.

I am requesting a medical LOA to extend from _____ to and including _____.

This is a work related case and I will not be using my accrued time.

This is a work related case and I will be using my accrued time in the following manner:

Sick	_____	to and including	_____	. # of days:	_____
Vacation	_____	to and including	_____	. # of days:	_____
Holidays	_____	to and including	_____	. # of days:	_____
Personal	_____	to and including	_____	. # of days:	_____
Comp	_____	to and including	_____	. # of days:	_____

This is NOT work related and I will not be using my accrued time. I understand that once removed from the payroll I cannot request to use any benefit time until end of my requested leave of absence.

This is NOT work related and I will be using my accrued time in the following manner:

Sick	_____	to and including	_____	. # of days:	_____
Vacation	_____	to and including	_____	. # of days:	_____
Holidays	_____	to and including	_____	. # of days:	_____
Personal	_____	to and including	_____	. # of days:	_____
Comp	_____	to and including	_____	. # of days:	_____

I have attached a copy of my doctors' statement. Please continue my Health Insurance under the Family Medical Leave Act. I will also be submitting a request for Family Medical Leave to the Personnel Department.

SIGNATURE: _____ DATE: _____

Section II (to be filled out by Department Head):

I have assessed the effect on the department and recommend the LOA request be approved.

I have assessed the effect on the department and recommend the LOA request be denied based on the following:

_____.

Section III (to be filled out by Administrator)

APPROVED

DENIED

SIGNATURE: _____ DATE: _____