

City of Bellaire

Leave Request Form

Name: _____ Date of Request: _____

Position: _____ Hire Date: _____

Supervisor: _____ Department: _____

Length of Full-Time Employment (please select one):

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Less than 12 months

More than 12 months

Reason for Request:

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Birth of a child or placement of a child for adoption or foster care

Your own serious health condition

You are needed to care for a spouse, child, or parent due to a serious health condition

Your spouse, child, or parent is on active military duty

You are needed to care for a military service member with serious injury or illness

Anticipated Leave Dates:

Start Date: _____ End Date: _____

Please indicate the type of leave you are requesting:

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Continuous (absence from work all at once)

Intermittent (absence from work in separate blocks of time for a single reason)

Are you requesting Paid Parental Leave for some or all of this leave request? (see policy 6.48)

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☐

Yes If yes, please list the dates requested (full weeks only) _____

No

Do you expect to qualify for short term salary continuation (requires 30 day absence from work and exhausting all accrued leave time)?

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☐

Yes

No

Notes: _____

Employee Signature: _____

Date: _____

For HR Use Only:

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FMLA eligible

Paid Parental Leave eligible

Unpaid Parental Leave eligible

Not eligible for protected leave