

ESU 8 REQUEST FORM FOR NON-FMLA LEAVE

Employee's name: \_\_\_\_\_ Date of request: \_\_\_\_\_

My department and job title are: \_\_\_\_\_

My supervisor is: \_\_\_\_\_

I request a leave of absence for the following reason: \_\_\_\_\_

- Personal illness or injury
- Illness or injury of a family member
- Military duty
- Jury duty
- Subpoenaed as witness
- Other \_\_\_\_\_

I would like the leave to begin on: \_\_\_\_\_

I expect to return to work on: \_\_\_\_\_

Address and phone number while on leave: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employee's Signature

Date

RETURN FORM TO ESU 8 BUSINESS OFFICE AS SOON AS COMPLETED.

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of employees or their family members. In order to comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. 'Genetic information,' as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family